INTERNSHIP CERTIFICATE

PART A: EVALUATION MADE BY THE ORGANIZATION ROL U.S.M.: Student:..... Program/Major:.... Date of Internship From:/....To:..../..../.... Organization Name:..... Phone: Org. National ID: I. DESCRIPTION OF TASKS PERFORMED: II. REMARKS:.... TTT. SUPERVISOR: Supervisor's Signature (with Official Seal) PART B: U.S.M. DEPARTMENT COORDINATOR []Industrial []Professional Type of Internship Duration []Weeks []Weeks Approved [] Rejected [] Coordinator's Signature and Date PART C: REGISTRAR'S OFFICE Certification: / . . . / Date Registrar's Signature