Please insert your company’s logo and/or letterhead here.

**CERTIFICATION OF ACCEPTANCE OF INTERN**

**Prof. Marlon B. Raquel, MBA, LPT**

Department Head

College of Business Administration and Accountancy

The Fisher Valley College

No. 5, M. L. Quezon St., Hagonoy, Taguig City

Dear **Prof. Raquel:**

This confirms the acceptance of the following student/s as intern/s in our company.

|  |  |  |
| --- | --- | --- |
| Name of Intern |  | |
| Internship Period | From (MM-DD-YYYY) |  |
| To (MM-DD-YYYY) |  |
| Unit / Division |  | |
| Office Address |  | |
| Tasks / Responsibilities\*  (provide details) |  | |
| Name of Supervisor |  | |
| Position of Supervisor |  | |
| Telephone Nos. of Supervisor |  | |

\*Duplicate the above table if accepting more than one item.

As internship partner of TFVC-College of Business Administration and Accountancy (TFVC-CBAA), we agree to abide by TFVC-CBAA’s Internship Guidelines as detailed in the Company Profile Sheet. We understand that any violation of the guidelines may be a ground for termination of the student’s internship at any time and possible termination of partnership in future programs of TFVC-CBAA.

Sincerely yours,

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Authorized  Company Representative |  | Signature |  |
| Position |  | Date |  |
| Telephone Nos. & Email |  | | |