MAPÚA UNIVERSITY	INTERNATIONAL OJT PROGRAM AGREEMENT AND LIABILITY WAIVER	Document No.: FM-IP-15-03 Effective Date: January 20, 2020

NAME:	STUDENT NO:	PROGRAM:	PASSPORT NO:
ASSIGNED HOST COMPANY:			
ADVISER:	DEAN:		DATE:

I do hereby voluntarily undergo iOJT Program at hereinafter referred to as the located at under the following terms and conditions:

a. That the total number of months required of/for me to complete my iOJT program is ____ (__);

b. That I shall abide by rules and regulations and comply with those imposed for the iOJT program, otherwise I shall be excluded from further participation;

c. That in the course of my iOJT program, I may have access to information which may be of a confidential nature and proprietary to , for which I may be required to execute a confidentiality and non-disclosure agreement as a pre-requisite to my participation in the iOJT program;

d. That I shall personally be made answerable for any and all liabilities for damage to property or injury to third person, which may be occasioned by my intentional or negligent acts during the course of my iOJT program

e. That I shall likewise hold and Mapua free and harmless from any and all liability and responsibility for any sickness or injury to myself and third parties and damage to property which I may sustain and/or may occur at any time during the iOJT program period including time spent in traveling to and from any and all premises and locations where I may be required to go to as part of my iOJT program;

f. That reserves the right to discontinue my participation on reasonable grounds upon written notice to MAPUA.

g. That MAPUA may likewise terminate my iOJT program and withdraw my participation thereto on reasonable grounds and after a written notice to and to myself;

h. That in addition to my liability under section (e) and for the pre-termination of my iOJT program provided for under sections (f) and (g) hereof, I may be subjected further to disciplinary action in accordance with the school's student manual and/or be a ground for disqualification from graduation.

i. That I understand that all information given shall be used by MAPUA for legitimate purposes specifically in relation to my participation in the iOJT program and shall be processed only by authorized personnel of the MAPUA pursuant to the Data Privacy Policy of the University.

STUDENT: _____ SIGNATURE: _____ DATE: _____

IN THE WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, ____, in the City of Manila, Philippines.

_____
Student Trainee
(Signature over printed name)

WITH OUR CONSENT:
I am well aware of the conditions that my child has to partake for this program.

_____
Parent/Guardian
(Signature over printed name)

APPROVALS:

_____
iOJT Adviser
School

_____
Dean
School

_____
Office of International Career & Exchange Programs

STUDENT: _____ SIGNATURE: _____ DATE: _____