

	TRAINEE'S SCHEDULE SHEET	Document No.: ICEP-OJT-02-03
		Effective Date: October 28, 2019

[Date]

Name of Trainee:	
Student Number:	Gender:
School:	Program:
Contact No:	Email Address:
Academic Year:	Term:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:30am						
9:00am						
10:30am						
12:00nn						
1:30pm						
3:00pm						
4:30pm						
6:00pm						

- Note:
1. This schedule is based on the current load of the student and includes all enrolled courses.
 2. Checked blocks are prearranged class schedule of the student and should be observed; while the empty blocks are the available schedule for OJT.
 3. Practicum/OJT schedule beyond 6:00pm is not allowed.

STUDENT TRAINEE
Signature over printed name

Noted:

DEAN
Signature over printed name

Note: All nformation disclosed shall be used solely for legitimate purposes, specifically for regulation and monitoring of the trainee during the conduct of his OJT, and shall be processed only by authorized personnel in accordance with the Data Privacy Policy of the Institute and the Company