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| SCHEDULE OF INTERNSHIP ACTIVITIES | | | | |
| WORKED DAYS | SUBJECTS WORKED | | | PAGE NUMBER |
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| TOTAL WORK  NUMBER OF DAYS | | WORKPLACE AUTHORITY  SIGNATURE AND STAMP | STUDENT SIGNATURE | |

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| Subject of the Study: | Page Number: | :1 |
| Date: | :00/00/0000 |
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| Signature and Stamp of Certifier |  | |

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| Subject of the Study: | Page Number: | :2 |
| Date: | :00/00/0000 |
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| Signature and Stamp of Certifier |  | |

# REFERENCE