University of the Philippines Diliman

Office of the Vice Chancellor for Academic

**OFFICE OF FIELD ACTIVITIES DILIMAN**

**OVCAA OFA Form No. 06**

**Report on the List of Host Training Establishments (HTEs) and Student Interns Participating in the Student Internship Program in the Philippines**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Term: | [ ] | First Semester | [ ] | Second Semester | AY |  | [ ] | Midyear |  |

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| --- | --- | --- | --- |
| Academic Unit: |  |  |  |
| Address: |  |  |  |

|  |  |  |  |  |  |
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|  | **PARTNER HOST TRAINING ESTABLISHMENTS (HTEs)** | **NAME OF STUDENT INTERNS** | **PROGRAM** | **GENDER** | **DATES OF DURATION OF THE INTERNSHIP** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |

*(use additional sheet as necessary)*

|  |  |
| --- | --- |
| Prepared by: | Certified Correct: |
| |  | | --- | |  | | Signature over printed name of Faculty-in-Charge | | |  | | --- | |  | | Signature of printed name of Department Chair/Institute Director | |

***IMPORTANT:*** *After approval of the Department Chair/Institute Director, please submit a copy of this form with Attachments to OVCAA Office of Field Activities Diliman at 4F DILC Building OR via email at* [*ofadiliman@up.edu.ph*](mailto:ofadiliman@up.edu.ph) *with subject AFA Internship/Practicum [College] [Course Subject & Number] ex. AFA Internship/Practicum COE CE132 after the internship program*