



De La Salle University
Ramon V. del Rosario College of Business
Management and Organization Department

ACM F-007

Addressee
Company Name
Address 1
Address 2
Address 3

Dear Addressee ,

Student's Name is an ACM student of De La Salle University. As part of his course requirement, he must complete 480 hours of internship equally spread over 12 weeks. The official count starts no earlier than and ends no later than .

Student's Name signified that you have accepted him to train in your organization. Please accord to him the proper training that will help him in his pursuit for knowledge and experience. Please know that the Department will assign a faculty adviser who will visit Student's Name at the work place and who will meet with you to discuss how all parties can benefit from this internship.

In behalf of our Department Chair, I thank you for your confidence in our students. I am attaching a copy of the Parent's Clearance and Waiver Form for your files.

Yours in St. La Salle,

Name of Coordinator
ACM Internship Coordinator