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| SCHEDULE OF INTERNSHIP ACTIVITIES |
| WORKED DAYS | SUBJECTS WORKED | PAGE NUMBER |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
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| 19 |  |  |
| 20 |  |  |
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|  |  |  |
| TOTAL WORKNUMBER OF DAYS | WORKPLACE AUTHORITYSIGNATURE AND STAMP | STUDENT SIGNATURE |

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

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

# REFERENCE