



UNIVERSITY OF SANTO TOMAS
COLLEGE OF COMMERCE AND BUSINESS ADMINISTRATION



PARENTAL/GUARDIAN CONSENT FORM

I, _____, the parent/legal guardian of _____,
a _____ a student of _____ major in
_____ hereby expressly state that:

1. I am fully aware that my _____ will take an onsite practicum at _____.
2. I allow my _____ to render 600 hours of onsite practicum subject to the policies of the University of Santo Tomas and/or competent government instrumentalities.
3. I have read and understood the rules and regulations set by the Host Training Establishment and commit that my _____ will abide by the said rules and regulations.
4. I fully and voluntarily waive my right to hold the University of Santo Tomas (UST), the Host Training Establishment (HTE), or any of its officers, employees, or representatives responsible for any case of untoward incident that may happen to my _____ during the duration of _____ training.

Student Name and Signature of the Student

Name and Signature of the Parent/Guardian

NOTE: This area is for the image/copy of the parent's/guardian's valid ID