



ICCT COLLEGES FOUNDATION, INC.

Office of the Student Affairs

V. V. Soliven Avenue II, Cainta, Rizal, Philippines

Tel. No. 249-1049 / 50

[Date]

[Name]

[Designation]

[Company Name]

[Address]

Dear Sir/Madam:

Greetings!

ICCT Colleges Foundation, Inc. is a premier Higher Educational Institution in Rizal Province and nearby Cities that aims to produce technologically efficient and value-based graduates. This enables them to be globally competitive especially in the modern world of business and information technology.

In this regard, we would like to request your good office to kindly accommodate our student

NAME	COURSE	YR LEVEL	OJT HOURS

We highly believe that your Company can provide valuable experience and will be best achieved under your supervision. Attached herewith is a copy of his/her OJT Waiver/Agreement Form.

Upon the completion of the OJT Training, may we request your good office to please issue a CERTIFICATE of COMPLETION detailing the number of HOURS Completed, DEPARTMENT/AREAS they have rendered their duty, the START and END DATE of the OJT Training and also your office SIGNATORIES and CONTACT NUMBER. WE will provide you an EVALUATION FORM to assess the performance of our students during their training in your firm.

We are looking forward to a fruitful relationship with you as our host-establishment partner.

More power and God Bless.

Truly yours,

Career Training Coordinator