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**Trainee :**

**Title : A NARRATIVE REPORT: TRAINING EXPERIENCES AT**

**APPROVED:**

 \_\_\_\_\_  **REGIE C. DELOS REYES** \_\_\_\_\_

Area Coordinator Date OJT Coordinator Date

 \_\_\_\_\_ **MARILOU P. LUSECO** \_\_\_\_\_

Department Chairperson Date Director, Instructions Date

 **JOSE P. LISAMA, EdD** \_\_\_\_\_

 Campus Administrator Date