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**(DEPARTMENT)**

**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