



COLLEGE OF ARTS AND SCIENCES
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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DEPARTMENT OF HUMANITIES

CONSENT FORM

This certifies that I, _____, parent/legal guardian of
(Name of Parent/Legal Guardian)

_____, a BA Communication Arts student at the Department of Humanities,
(Name of Student)

College of Arts and Sciences, University of the Philippines Los Baños, am allowing my ward to enroll in COMA

200a (Practicum) this _____ at _____ as part of the requirements
(Academic Semester/Term) (Practicum Venue)

of the BA Communication Arts program.

I understand the benefits, relevance to the degree program, and possible risks associated with the practicum.

Signature Over Printed Name

Date: _____