



Republic of the Philippines
Department of Health
FOOD AND DRUG ADMINISTRATION



“ANNEX C”

Student Name: _____
Course: _____

School/University: _____
Center Office Assigned: _____

INTERNSHIP JOURNAL

Date	Date	Date	Date	Date
Activity/ Learning	Activity/ Learning	Activity/ Learning	Activity/ Learning	Activity/ Learning

Prepared by: Name and Signature of Student	Approved by: Name and Signature of Supervisor or Division Chief	Noted by: Head of HRDD or FDA Internship Coordinator
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