



**VAAL UNIVERSITY OF TECHNOLOGY
FACULTY OF APPLIED & COMPUTER SCIENCES**

**REGISTRATION OF WORK INTEGRATED
LEARNING (WIL)**

**BIOMEDICAL TECHNOLOGY
COURSE CODE: 209049**

STUDENT NO GENDER M F

NAME & INITIALS SURNAME

HOME ADDRESS

POSTAL ADDRESS

TEL. NO. EMAIL ADDRESS

COMPANY

CO. ADDRESS

POSTAL ADDRESS POSTAL CODE

TEL. NO. FAX NO

SITE ADDRESS (If applicable)

TEL. NO. FAX NO.

MENTOR

TEL. NO. FAX NO.

DESIGNATION

E-MAIL

QUALIFICATION CELL NO.

SUPERVISOR

TEL. NO. FAX NO.

DESIGNATION

E-MAIL

QUALIFICATION CELL NO.

Experiential Training duration (Only P1 OR P2 – not both)

From: / / TO: / /

Signature of student: Date:

DEPARTMENT CODE

Biomedical Technology AHLPA3A

SIGNATURE OF DEPT CO-ORDINATOR: APPROVED

DATE DECLINED

STAMP