VAAL UNIVERSITY OF TECHNOLOGY
FACULTY OF ENGINEERING & TECHNOLOGY

REGISTRATION OF WORK INTEGRATED LEARNING (WIL)

COMPUTER SYSTEMS
COURSE CODE: 206015

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. _____

ECSA REGISTERED YES ____ NO ____ ECSA REG. NO.: _____

SUPERVISOR _____

TEL. NO. _____ FAX NO. _____

DESIGNATION _____

E-MAIL _____

QUALIFICATION _____ CELL NO. _____

ECSA REGISTERED YES ____ NO ____ ECSA REG. NO.: _____

WIL DURATION (ONLY P1 OR P2 – NOT BOTH)

FROM: _____ TO: _____

SIGNATURE OF STUDENT: _____ DATE: _____

DEPARTMENT	CODE	P1	CODE	P2
COMPUTER SYSTEMS	ERWIL1A		ERWIL2A	

SIGNATURE OF DEPT CO-ORDINATOR: _____ APPROVED ____ STAMP

DATE _____ DECLINED ____

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