



**VAAL UNIVERSITY OF TECHNOLOGY  
FACULTY OF ENGINEERING & TECHNOLOGY**

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

**ELECTRONIC ENGINEERING  
COURSE CODE: 208083**

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
ELECTRONIC ENGINEERING	EAEXP1A	<input type="text"/>	EAEXP2A	<input type="text"/>

SIGNATURE OF DEPT CO-ORDINATOR:  APPROVED

DATE  DECLINED

STAMP