



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

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

**MECHANICAL ENGINEERING
COURSE CODE: 208082**

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
MECHANICAL ENGINEERING	EMEXP1A	<input type="text"/>	EMEXP2A	<input type="text"/>

SIGNATURE OF DEPT CO-ORDINATOR: APPROVED

DATE DECLINED

STAMP