



VAAL UNIVERSITY OF TECHNOLOGY  
FACULTY OF APPLIED & COMPUTER SCIENCES

REGISTRATION OF WORKPLACE BASED  
LEARNING (WBL)

NON-DESTRUCTIVE TESTING  
COURSE CODE: DI1520

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.

Workplace learning duration

From:  /  /  TO:  /  /

Signature of student:  Date:

DEPARTMENT

Non-Destructive Testing      APWIL3A

SIGNATURE OF DEPT CO-ORDINATOR:  APPROVED

DATE  DECLINED

STAMP