

## VAAL UNIVERSITY OF TECHNOLOGY FACULTY OF ENGINEERING & TECHNOLOGY

## REGISTRATION OF WORK INTEGRATED LEARNING (WIL)

POV	VER	EN	GIN	EER	ING
cou	RSE	co	DE:	208	3083

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:	ТО:				
SIGNATURE OF STUDENT:	DATE:				
DEPARTMENT CODE P1	CODE P2				
POWER ENGINEERING EPEXP1A	EPEXP2A				
SIGNATURE OF DEPT CO-ORDINATOR:	APPROVED STAMP				
DATE	DECLINED				