



**Vaal University of Technology
Faculty of Management Sciences**

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

**SPORT MANAGEMENT
COURSE CODE: 219007**

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.

WIL duration

From: TO:

Signature of student: Date:

Signature of WIL lecturer: Date:

DEPARTMENT CODE

Sport Management BSINT3A

SIGNATURE OF DEPT CO-ORDINATOR: APPROVED

DATE DECLINED

STAMP