

Date

FACULTY OF HUMAN SCIENCES WORK INTEGRATED LEARNING (WIL) REGISTRATION

www.vut.ac.za

Hospitality Management -Course code: 204220

STUDENT INFORMA	HON:	Sponsored by: SETA	A/NSFAS	Bursary / Other
Student Number				
Name				
Surname				
Gender (Please Tick)	М		F	
Home address				
Postal address				
Contact number				
Email address				
SITE ADDRESS (IF A	PPLICA	BLE):		
PLACEMENT DETAIL	.S:			
Company Name				
Company Address				
Company Contact Numbe	r		·	
MENTOD DETAILS				
MENTOR DETAILS:				
Mentor Name				
Mentor Address				
Mentor Contact Number				
Mentor Email Address				
Mentor Qualification				
SUPERVISOR DETAI	LS:			
Mentor Name				
Mentor Address				
Mentor Contact Number				
Mentor Email Address				
Mentor Qualification				
WIL DURATION:				
From (start)		То	(finish)	
WIL SUBJECT. (DIE)	SE TICI	WII SIIDIECT THAT	VOLLADE D	ECISTEDING FOR
		WIL SUBJECT THAT	TOU ARE R	EGISTERING FOR)
Hospitality Management	HVELA	А		
Student Signature				
UNIVERSITY APPRO	VAL:			
Signature of WIL Coordinator			Approved	STAMP

Declined