

Date

FACULTY OF MANAGEMENT SCIENCES WORK INTEGRATED LEARNING (WIL) REGISTRATION

www.vut.ac.za

Sport Management - Course code: 219007

STUDENT INFORMA	AIION:	Spo	onsored	by: SE I	A/NSFAS/	Bursa	ry / Otner
Student Number							
Name							
Surname							
Gender (Please Tick)	М				F		
Home address							
Postal address							
Contact number							
Email address							
CITE ADDDESS (IF A	ADDLICA	DI E).					
SITE ADDRESS (IF A	APPLICA	BLE):					
PLACEMENT DETAI	II C.						
	LJ:						
Company Address							
Company Contact Numb	or						
Company Contact Numb	C1						
MENTOR DETAILS:							
Mentor Name							
Mentor Address							
Mentor Contact Number							
Mentor Email Address							
Mentor Qualification							
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SUPERVISOR DETA	ILS:						
Mentor Name		V /					
Mentor Address							
Mentor Contact Number							
Mentor Email Address							
Mentor Qualification							
WIL DURATION:							
From (start)				To	(finish)		
WIL SUBJECT: (PLE	ASE TICK	WIL	SUBJECT	THAT	YOU ARE R	EGISTI	ERING FOR)
Sport Management	BSINT3	А					
Student Signature							
UNIVERSITY APPRO	OVAL:	<u> </u>			Γ		
Signature of WIL Coordi	nator				Approved		STAMP
					Declined		