

Date

## FACULTY OF HUMAN SCIENCES WORK INTEGRATED LEARNING (WIL) REGISTRATION

www.vut.ac.za

**Tourism Management -**Course code: 222017

STUDENT INFORMA	ATION:	<b>Sponsored</b>	by: SETA / NSFAS / Bu	rsary / Other
Student Number				
Name				
Surname				
Gender (Please Tick)	М		F	
Home address				
Postal address				
Contact number				
Email address				
SITE ADDRESS (IF A	APPLICABL	E):		
PLACEMENT DETAI	ILS:			
Company Name				
Company Address				
Company Contact Numb	er			
MENTOR DETAILS:				
Mentor Name				
Mentor Address				
Mentor Contact Number				
Mentor Email Address				
Mentor Qualification				
SUPERVISOR DETA	ILS:			
Mentor Name				
Mentor Address				
Mentor Contact Number				
Mentor Email Address				
Mentor Qualification				
WIL DURATION:				
			To (finish)	
From (start)			To (finish)	
WIL SUBJECT: (PLE	ASE TICK \	VIL SUBJEC	T THAT YOU ARE REGI	STERING FOR)
Tourism Management	HTTCEOA			
Student Signature				
UNIVERSITY APPRO	OVAL:			
Signature of WIL Coordi	nator		Approved	STAMP

Declined