

## **FACULTY OF APPLIED & COMPUTER SCIENCES** WORK INTEGRATED LEARNING (WIL) **CHANGE OF COMPANY FORM**

Biotechnology -Course code: 215052

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# **STUDENT INFORMATION:**

Student Number							
Name							
Surname							
Gender <b>(Please Tick)</b>	М			F			
Home address							
Postal address							
Contact number							
Email address							
OLD COMPANY:							

Company Address   Company Contact Number	Company Name			
Company Contact Number	Company Address			
	Company Contact Number			

# **REASON FOR LEAVING COMPANY:**

#### **NEW COMPANY:** \* Kindly attach placement confirmation letter from the new company

Company Name			
Company Address			
Company Contact Number			

# NEW MENTOR DETAILS:

Mentor Name	
Mentor Address	
Mentor Contact Number	
Mentor Email Address	
Mentor Qualification	

#### NEW SUPERVISOR DETAILS:

Mentor Name	
Mentor Address	
Mentor Contact Number	
Mentor Email Address	
Mentor Qualification	

# WIL DURATION (NEW COMPANY):

From (start)			To (finish)

### WIL SUBJECT:

Biotechnology	ABBPA1A	ABBPA2A	
Student Signature			

### **UNIVERSITY APPROVAL:**

Signature of WIL Coordinator	Approved	STAMP
	Declined	
Date		