

## FACULTY OF HUMAN SCIENCES WORKPLACE BASED LEARNING (WBL) CHANGE OF COMPANY FORM

**Ecotourism -**Course code: DI0410

# www.vut.ac.za

# **STUDENT INFORMATION:**

Student Number								
Name								
Surname								
Gender (Please Tick)	М			F				
Home address								
Postal address								
Contact number								
Email address								

# OLD COMPANY:

Company Name		
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

# WBL DURATION (NEW COMPANY):

From (start)		To (finish)		

## WBL SUBJECT:

Ecotourism	HTTEW1A	
Student Signature		

## **UNIVERSITY APPROVAL:**

Signature of WIL Coordinator	Approved	STAMP
	Declined	
Date		