

## FACULTY OF ENGINEERING & TECHNOLOGY WORK INTEGRATED LEARNING (WIL) CHANGE OF COMPANY FORM

**Electronic Engineering -**Course code: 208083



## STUDENT INFORMATION:

Date

STUDENT INFORM	ATION.						
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 Numb	er						
REASON FOR LEAV		MDANY.					
KE/ISSITT OK EE/II	1110 001	***************************************					<del></del>
NEW COMPANY: *	Kindly attacl	h placeme	nt confirma	tion let	ter from the n	ew comp	any
Company Name							
Company Address							
Company Contact Numb							
NEW MENTOR DET	AILS:						
Mentor Name							
Mentor Address							
Mentor Contact Number							
Mentor Email Address							
Mentor Qualification							
ECSA registered	YES		NO		ECSA F	REG NO	
<b>NEW SUPERVISOR</b>	DETAIL!	<b>S</b> :					
Mentor Name							
Mentor Address							
Mentor Contact Number							
Mentor Email Address							
Mentor Qualification							
ECSA registered	YES		NO		ECSA F	REG NO	
WIL DURATION (NI	EW COM	PANY):					
From (start)				To	(finish)		
WIL SUBJECT:				1.0	()		
Electronic Engineering	EAEXP1	^			EAEXP2	٨	
	EAEAPI	^			EAEAPZ	.~	
Student Signature							
UNIVERSITY APPR	OVAL:						
Signature of WIL Coordi	nator				Approved		STAMP
				Declined			