

FACULTY OF HUMAN SCIENCES WORK INTEGRATED LEARNING (WIL) **CHANGE OF COMPANY FORM**

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Hospitality Management -Course code: 204220

STUDENT INFORMATION	ST	UDEN	INI TV	FORM	1OITAI	V:
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Date

STUDENT INFORMA	TION:						
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	er						
REASON FOR LEAV	ING CO	MDAN	IV•				
RLASON FOR LLAV	1140 00	MPAIN	11.				
NEW COMPANY: *	indly atta	ch placer	ment confir	mation le	tter from the nev	w company	
Company Name							
Company Address							
Company Contact Number	r						
NEW MENTOR DET	AILS:						
Mentor Name							
Mentor Address							
Mentor Contact Number							
Mentor Email Address							
Mentor Qualification							
NEW SUPERVISOR	DETAIL	c.					
	DETAIL	.5.					
Mentor Name							
Mentor Address							
Mentor Contact Number							
Mentor Email Address							
Mentor Qualification							
WIL DURATION (NE	W CON	IPANY	<u>():</u>				
From (start)				To	(finish)		
WIL SUBJECT:							
Hospitality Management	HVELA	JA					
Student Signature							
UNIVERSITY APPRO	JVAL:						
Signature of WIL Coordin	nator				Approved	STAMP	

Declined