

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

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Hospitality Management -Course code: DI1010

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Date

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	ΜΡΔΝΥ·				
REASON FOR ELAV	1110 00	MI ANT				
NEW COMPANY: *	(indly attac	ch placement cor	nfirmation le	tter from the nev	v company	,
Company Name						
Company Address						
Company Contact Number	er					
NEW MENTOR DET	AILS:					
Mentor Name						
Mentor Address						
Mentor Contact Number						
Mentor Email Address						
Mentor Qualification						
NEW SUPERVISOR	DETAIL	S:				
Mentor Name						
Mentor Address						
Mentor Contact Number						
Mentor Email Address						
Mentor Qualification						
WBL DURATION (N	EW CO	MPANY):				
From (start)		,	To	(finish)		
WBL SUBJECT:						
Hospitality Management	HTWIL	3A				
Student Signature						
UNIVERSITY APPRO						
Signature of WIL Coordir	nator			Approved	S	TAMP

Declined