

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

**Industrial Engineering -**Course code: 208085

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Date

STUDENT INFORMAT	ION:							
Student Number								
Name								
Surname								
Gender (Please Tick)	М				F			
Home address								
Postal address								
Contact number								
Email address								
OLD COMPANY:								
Company Name								
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Mentor Name					7			
Mentor Address								
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Mentor Email Address								
Mentor Qualification								
ECSA registered	YES		NO		ECSA F	REG NO		
NEW SUPERVISOR D	ETAIL	S:						
Mentor Name								
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Mentor Contact Number								
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From (start)			10	(finish	ገ)			
WIL SUBJECT:								
Industrial Engineering	EBEXPI	A			EBEXP2	A		
Student Signature								
UNIVERSITY APPROV	VAL:							
Signature of WIL Coordina	tor			Ann	roved		STAMP	
S.g. acare of Wile coordina		~		Approved			- Frank	
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