

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

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Public Relations Management -Course code: 205004

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

STUDENT INFORM	IATIO	N:				
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 Num	ber					
REASON FOR LEA	VING	COMPAN	Y:			
NEW COMPANY *					6	
NEW COMPANY: *	Kindiya	attach placer	ment confir	mation let	ter from the new	company
Company Name						
Company Address						
Company Contact Num						
NEW MENTOR DE	TAILS	:		•		
Mentor Name						
Mentor Address						
Mentor Contact Numbe	r					
Mentor Email Address						
Mentor Qualification						
NEW SUPERVISOI	R DET	AILS:				
Mentor Name						
Mentor Address						
Mentor Contact Numbe	r					
Mentor Email Address						
Mentor Qualification						
WIL DURATION (N	IEW C	OMPANY	<u> </u>			
From (start)		31.11 /4141	,,	To	(finish)	
				10	(1111311)	
WIL SUBJECT:						
Public Relations Manage	ement	HVWILOA				
Student Signature						
UNIVERSITY APPR	OVAL	-:				
Cignoture of MIL Co	dinate:				Approved	STAND
Signature of WIL Coord	inator				Approved	STAMP
					Declined	