

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

Sport Management -Course code: 219007

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STUDENT INFORMATION:

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			

REASON FOR LEAVING COMPANY:

NEW COMPANY: * Kindly attach placement confirmation letter from the new company

Company Name			
Company Address			
Company Contact Number			

NEW MENTOR DETAILS:

Mentor Name	
Mentor Address	
Mentor Contact Number	
Mentor Email Address	
Mentor Qualification	

NEW SUPERVISOR DETAILS:

Mentor Name
Mentor Address
Mentor Contact Number
Mentor Email Address
Mentor Qualification

WIL DURATION (NEW COMPANY):

From (start)		To (finish)		
WIL SUBJECT				

Sport Management	BSINT3A	
Student Signature		

UNIVERSITY APPROVAL:

Signature of WIL Coordinator	Approved	STAMP
	Declined	
Date		