

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

f 💆 🔯 🚥 👂

Tourism Management - Course code: 222017

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

Date

STUDENT INFO	KMATION:					
Student Number						
Name						
Surname						
Gender (Please Tic	k) M			F		
Home address						
Postal address						
Contact number						
Email address						
OLD COMPAN	Y:					
Company Name						
Company Address						
Company Contact I	Number			Ť		
REASON FOR	LEAVING CO	MPANY:				
NEW COMPAN	IV• * Kindly atta	ch placement confirm	ation lat	tor from the n	ow comp	2017
	III KINGIY attac	Ln placement commin	ation let	ter from the h	ew comp	dily
Company Address						
Company Address Company Contact I	Number					
			*			
NEW MENTOR	DETAILS:					
Mentor Name						
Mentor Address						
Mentor Contact Nu						
Mentor Email Addr						
Mentor Qualificatio	n					
NEW SUPERVI	SOR DETAIL	.S:				
Mentor Name						
Mentor Address						
Mentor Contact Nu	mber					
Mentor Email Addr	ess					
Mentor Qualificatio	n					
WIL DURATIO	N (NEW CON	(PANY):				
From (start)			То	(finish)		
WIL SUBJECT:			<u> </u>			
	opt III	TCEOA				
Tourism Manageme	ent HT	TCE0A				
Student Signature						
UNIVERSITY A	PPROVAL:		-		'	
Signature of WIL (Coordinator			Approved		STAMP

Declined