

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

www.vut.ac.za

Tourism Management -Course code: DI2200

STI	JDF	NT	INI	FOR	ΜΔ	TIO	N:

Date

STUDENT INFORMA	ATION:				
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	MPANY:			
NEW COMPANY: *	(indly attac	h placement cor	ofirmation lot	ttor from the now	vcompany
	Thuly attac	i placement cor	IIII Hadon lei	tter from the nev	VCOMPANY
Company Address					
Company Address Company Contact Number	or l				
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 COI	MPANY):			
From (start)			To	(finish)	
			10	, (III II SI I)	
WBL SUBJECT:					
		WIL1A			
Student Signature					
UNIVERSITY APPRO	OVAL:				
Signature of WIL Coordir			Approved	STAMP	

Declined