

Date

## FACULTY OF MANAGEMENT SCIENCES WORKPLACE BASED LEARNING (WBL) REGISTRATION



**Sport Management -** Course code: D11900

STUDENT INFORMA	ATTON:	Sponsor	ed by: SEIA/NSFAS/Burs	sary / Other
Student Number				
Name				
Surname				
Gender (Please Tick)	М		F	
Home address				
Postal address				
Contact number				
Email address				
SITE ADDRESS (IF A	DDL IC	APLE).		
SITE ADDRESS (IF A	APPLICA	ABLEJ:		
PLACEMENT DETAIL	LS:			
Company Name				
Company Address				
Company Contact Number	er			
MENTOR DETAILS:				
Mentor Name				
Mentor Address				
Mentor Contact Number				
Mentor Email Address				
Mentor Qualification				
SUPERVISOR DETA	ILS:			
Mentor Name				
Mentor Address		<u> </u>		
Mentor Contact Number				
Mentor Email Address				
Mentor Qualification				
WBL DURATION:				
			To (finish)	
From (start)			To (finish)	
WBL SUBJECT: (PLE	ASE TI	CK WBL SUB	JECT THAT YOU ARE REGI	ISTERING FOR)
Sport Management		IWIL1A		
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Student Signature				
UNIVERSITY APPRO	JVAL:			
Signature of WIL Coordinator			Approved	STAMP
-				
			Declined	