



**Tshwane University
of Technology**
We empower people


**RE: CONFIRMATION LETTER FOR WORK INTEGRATED LEARNING(WIL) PROGRAMME
PLACEMENT**

Dear Sir/Madam

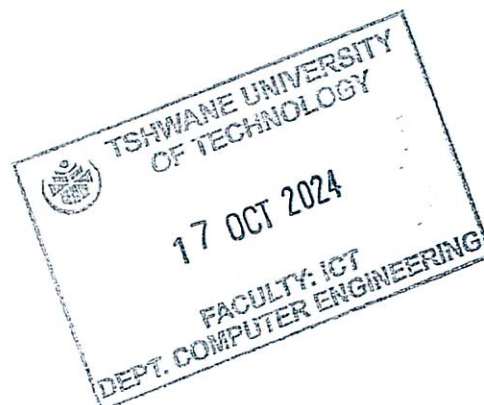
This letter seeks to confirm that the below mentioned student has been successfully accepted in the Department of Computer Systems Engineering (Tshwane University of Technology, Soshanguve South Campus) programme to complete his/her **Work Integrated Learning (WIL)** for the year 2024/25. The programme initially started on **01 October 2024** and will end on the **30th of October 2025**.

INITIAL AND SURNAME: T MANGANYI
STUDENT NUMBER: 221816650
COURSE: DIPLOMA IN COMPUTER SCIENCE

Kind regards,
Xolani A Mavuka
TUT SOSH SOUTH CAMPUS
COMPUTER SYSTEMS ENGINEERING DEPARTMENT
BUILDING 12-205
012 382 9501
063 591 0148



PROF PIUS OWOLAWI
HOD: COMPUTER SYSTEMS ENGINEERING
TUT SOSH SOUTH CAMPUS
BUILDING 19-204





**APPLICATION TO CHANGE YOUR CHOICE OF QUALIFICATION
(HIGHER CERTIFICATE, NH CERTIFICATE, N DIPLOMA, DIPLOMA OR BACHELOR'S DEGREES)**

If you complete this form, all previous qualification choices will be cancelled, even if you have already been accepted in a qualification.

Please submit this form with the following:

- A certified copy of your ID or passport
- A certified copy of your statement of symbols/National Senior Certificate
- E-mail: admission@tut.ac.za

- Please note: you will only be considered for your 2nd choice if you have not been selected for your 1st choice, and only if the qualification concerned can still accommodate additional students at that stage.

Application for (year):

2	0	2	4
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1st semester

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2nd semester

X

STUDENT NUMBER	2	2	1	8	1	6	6	5	0										
ID or PASSPORT NUMBER	0	0	1	2	2	5	5	4	2	2	0	8	6						
CHOICE OF QUALIFICATION: Choice 1	C	o	m	p	u	t	e	r		S	c	i	e	n	c	e			
CHOICE OF QUALIFICATION: Choice 2																			

Type of enrolment:	Day class	X	Evening class		Block course	
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Do you require financial aid?	Yes	X	No	
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Campus:		Pretoria, Soshanguve, GaRankuwa	X	Polokwane		Mbombela		eMalahleni
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PERSONAL DETAILS:

Title:	Mr	Initials:	T	Surname:	Manganyi
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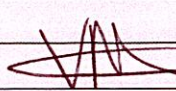
Postal address	3	1	4		G	a	n	d	l	a	n	a	n	i								
					G	i	y	a	n	i												
					k	h	a	n	i		S	t	r	e	e	t						
																		Postal code:	0	8	2	6

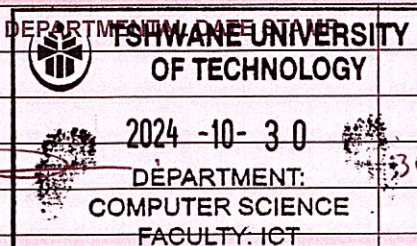
Contact details:	Home phone	0	7	2	5	3	2	0	4	5	3											
	Cell phone number	0	6	0	8	1	7	5	6	2	7											
	E-mail address	k	b	m	a	g	o	d	a	2	0	2	4	@	g	m	a	i	l	c	o	m


SIGNATURE OF STUDENT

28/10/2024

DATE

FOR OFFICE USE		
	SIGNATURE AND DEPARTMENT	DATE
NOT ACCEPTED		
MUST GO THROUGH SELECTION PROCESS		
ACCEPTED		2024 -10- 3 0
WAITING LIST		30/10/2024
ADMISSIONS OFFICE DATA CAPTURER		
COMMENTS		





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REGISTRATION FORM FOR Work Integrated Learning (WIL)

INSTRUCTIONS:

This form must be completed in full and in **CAPITAL LETTERS**

A copy of the **placement letter** should be attached. This is a prerequisite for WIL registration.

STUDENT'S INFORMATION

Student Number	221816650	Initials	T
Surname	MANGANYI	Title	MR
First Names	TIYANI		
ID number	0012255422086	Gender	M <input checked="" type="checkbox"/> F <input type="checkbox"/>
TUT4Life e-mail address (No other please)	221816650@tut4life.ac.za	@TUT4life.ac.za	
Cellphone number(s)	0608175627	or	
Residential address during WIL period	287 GENERAL BEYERS STREET		
	PRETORIA NORTH		
City	PRETORIA	Postal Code	0182

ACADEMIC INFORMATION (Please complete in full)

Course Name	<input type="text" value="NDIP"/> <input type="text" value="BTECH"/>	DIPLOMA IN COMPTER SCIENCE
	DIPLOMA IN COMPTER SCIENCE	Course code DPRSF0
Subject Name	WORK INTEGRATED LEARNING	
		Subject Code WOC316D

EMPLOYER PLACEMENT INFORMATION (Please complete in full)

Name of approved employer	PROF PIUS OWOLAWI	
Company's contact person	XOLANI A MAVUKA	
Company's telephone number	0123829501	E-mail address

Physical address where training takes place BLOCK K AUBREY MATLAKALA ST

BLOCK K AUBREY MATLAKALA ST

Postal address where training takes place SOSHANGUVE 0152

SOSHANGUVE 0152

City PRETORIA Postal code 0152


PERIOD OF STUDY (WIL) (Please tick the applicable block)

PERIOD	Tick	LAST DATE FOR WIL REPORT TO BE SUBMITTED
January - June	<input type="checkbox"/>	31 July
February - July	<input type="checkbox"/>	31 August
March - August	<input type="checkbox"/>	30 September
April - September	<input type="checkbox"/>	31 October
May - October	<input type="checkbox"/>	30 November
June - November	<input type="checkbox"/>	5 January
July - December	<input type="checkbox"/>	31 January
August - January	<input type="checkbox"/>	28 February
September - February	<input type="checkbox"/>	31 March
October - March	<input checked="" type="checkbox"/>	30 April
November - April	<input type="checkbox"/>	31 May
December - May	<input type="checkbox"/>	30 June


Other: Indicate the specific period of study e.g. 1st and/or 2nd semester
(Only applicable for faculties of the Arts, Humanities, Management Sciences and Economic)

DECLARATION


I declare that all information I have provided on this form are correct and I undertake to abide by the rules, regulations (Prospectus, Part 1 - Ch 5 of student rules and regulations) and decisions of the Tshwane University of Technology, as well as any amendments applicable of students in general. Should I be registered incorrectly as a result of incorrect information that I provided, I accept full responsibility.


Signature: Student

10/17/24
Date


WIL registration approved by HOD

Yes ☒ No ☐


Signature: Head of Department

30/10/2024
Date

FOR OFFICIAL USE ONLY

This form was captured by:

Name (in block letters) _____

Signature

Date