



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	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>	Title	<input type="text"/>
First Names	<input type="text"/>		
ID number	<input type="text"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
TUT4Life e-mail address (No other please)	<input type="text"/>	@TUT4life.ac.za	
Cellphone number(s)	<input type="text"/>	or	<input type="text"/>
Residential address during WIL period	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>

ACADEMIC INFORMATION (Please complete in full)

Course Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NDIP	BTECH	
<input type="text"/>	Course code	<input type="text"/>	
Subject Name	<input type="text"/>		
<input type="text"/>	Subject Code	<input type="text"/>	

EMPLOYER PLACEMENT INFORMATION (Please complete in full)

Name of approved employer	<input type="text"/>		
<input type="text"/>			
Company's contact person	<input type="text"/>		
Company's telephone number	<input type="text"/>	E-mail address	<input type="text"/>

Physical address where training takes place _____

Postal address where training takes place _____

City _____ Postal code _____

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

PERIOD	Tick	LAST DATE FOR WIL REPORT TO BE SUBMITTED
January - June		31 July
February - July		31 August
March - August		30 September
April - September		31 October
May - October		30 November
June - November		15 January
July - December		31 January
August - January		28 February
September - February		31 March
October - March		30 April
November - April		31 May
December - May		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

Date

WIL registration approved by HOD

Yes ☐ No ☐

Signature: Head of Department

Date

FOR OFFICIAL USE ONLY

This form was captured by:

Name (in block letters) _____

Signature

Date