Application for (year):

1st semester



Please submit this form with the following:

If you complete this form, all previous qualification choices will be cancelled,

even if you have already been accepted in a qualification.

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

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Company's contact person

Company's telephone number

REGISTRATION FORM FOR Work Integrated Learning (WIL)

INSTRUCTIONS: This form must 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 Initials Student Number Title Surname First Names Gender ID number @TUT4life.ac.za TUT4Life e-mail address (No other please) Cellphone number(s) or Residential address during WIL period Postal Code City ACADEMIC INFORMATION (Please complete in full) Course Name NDIP BTECH Course code Subject Name Subject Code EMPLOYER PLACEMENT INFORMATION (Please complete in full) Name of approved employer

E-mail address

Physical address	s where training takes place			
Postal address w	where training takes place		-	
City			Postal code _	
	PERIOD O	F 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	
DECLARATION	(Only applicable for facul	ties of the	Arts, Humanities, Management Sciences and Economic)	×
Part 1 - Ch 5 of	student rules and regulations)	and decision	n are correct and I undertake to abide by the rules, regulat ons of the Tshwane University of Technology, as well as any incorrectly as a result of incorrect information that I provid	amendments
_	Signature: Stud	dent	Date	
_	WIL registration appro	ved by HO	Yes No No	
-	Signature: Head of D	epartment	Date	
FOR OFFICIAL I This form was o Name (in block		3		
-	Signature			