

DITEL2



D U R B A N
UNIVERSITY of
TECHNOLOGY

DEPARTMENTAL AND CO-OP EDUCATION UNIT
 EXPERIENTIAL LEARNING REGISTRATION

Department of

SECTION A: STUDENT INFORMATION

Surname

Initials

Student
Number

Id Number

Cellphone No:

Programme Name

Experiential Learning Subjects and
subject codes

SECTION B: EMPLOYER INFORMATION

Company Details

Name:

Address: (Physical)

Address: (Postal)

Contact Details-(person)

e-mail-

Tel:

Fax:

SECTION C: TO BE COMPLETED BY EXPERIENTIAL LEARNING COORDINATOR

Name of Co-ordinator :

Qualification
Code

Contact Details:

(Tel)

(Cell)

(email)

From:

To:

HOD: Name

Signature

Date: