

**DITEL2**

**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)

Email:

Tel:

Fax:

**SECTION C: TO BE COMPLETED BY EXPERIENTIAL LEARNING COORDINATOR**

Name of Coordinator:

Qualification  
Code

Contact Details:

(Tel)

(Cell)

(Email)

From:

To:

HOD: Name

Signature:

Date: