WORK **INTEGRATED LEARNING**



2015 LOG OF AUTHORISED WIL HOURS

Student Name:			She	eet No: Date Submitted:
Course Name:				
WIL WORKPLACE Co-	ordinator:			
RELEVANT PERIOD (Weeks or Months)	HOST ORGANISATION/ EMPLOYER	POSITION	NO. OF HRS COMPLETED	SUPERVISOR'S NAME, TITLE, SIGNATURE, PH No. and DATE SIGNED (Copy of Supervisor's business card MUST be attached).
	T(OTAL HOURS (THIS SHEET ONLY)		

Notes:

¹⁾ Completion of this form is **ONLY** required for students engaged in part-time, casual or voluntary WIL positions - for BBB3100, Business Integrated Learning or as directed by your WIL WORKPLACE Co-ordinator (It is NOT required for students engaged in full-time Co-op positions.)

²⁾ Completed forms should be submitted along with your WIL Employer Appraisal to your Work Integrated Learning Co-ordinator in the Centre, by the due date (tba), by fax to (03) 9919-5057 or scan and email.