

# UNIVERSITY OF MAURTIUS

## FACULTY OF SCIENCE



### STUDENT WORK EXPERIENCE PROGRAMME SWEP 2009

#### REGISTRATION OF STUDENTS

*(to be submitted to the Faculty Registry by Monday 4<sup>th</sup> MAY 2009 at latest)*

1. Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Tel.: \_\_\_\_\_ Email: \_\_\_\_\_
4. Faculty: \_\_\_\_\_
5. Programme: \_\_\_\_\_ Year: \_\_\_\_\_
6. Please tick your preference(s) for the following areas of activity for your placement.

In case of multiple choices, please insert [1] for the first choice, [2] for the second choice etc.

Accounting

  

Economic Analysis

  

Scientific Computing

  

Information Technology

  

Research

Marketing & Sales

Teaching

  

Quality Control/Analysis

  

Agriculture

  

Publicity/Artwork

Food Science

Instrumentation/Electronics

  

7. What type of organisation would you prefer to have for your placement?  
(E.g. Teaching, Research, Extension, Services, etc)

\_\_\_\_\_

8. Do you have any special needs that you wish to bring to the attention of the Faculty?

\_\_\_\_\_

9. Have you already made arrangements with an organisation? If yes, please specify.

\_\_\_\_\_

10. If selected for placement, I agree to abide to the Rules and Regulations of the placement organisation and other conditions as per the Agreement form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_