WORKPLACE CONFIRMATION LETTER

To whom it may concern

I hereby confirm that Mr/Ms	/Mr	s														
Identity/passport number:																
Student number:]							
is teaching or has access to a the duration of the program						Gra	de R	l lea	rne	rs (a	s inc	dicat	ted	belo	w) fo	or
WIL (Work Integrated Learni part time students and durin The student will need a qualithe student. The student is a relevant section).	ig the	e se Gra	con	d se	mes iche	ter d	of th Fou	e fir nda	st y	ear i Pha	for f ise t	ullti eacl	me her	stuc to m	lents	r or
Name of school:																
School address (Physical and	Pos	tal):														
Postal code:																
EMIS no:																
School stamp																
Official stamp																