

EEMS – CREDIT REQUEST FORM

EEMS0009c

Discuss your personal learning objectives with the owner of the enterprise.

STUDENT DETAILS	
Name	_____
Student Number	_____

ENTERPRISE DETAILS			
First Name	_____	Last Name	_____
Address	Postal _____	Location _____	Telephone (ah) _____
	_____		Telephone (bh) _____
	_____		Facsimile _____
	_____		Mobile _____
	_____		Email _____

LIST YOUR PREVIOUS EXPERIENCE IN EQUINE INDUSTRY CATERGORIES	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

ATTENDANCE CONFIRMATION	
The above student has attended my / our enterprise for a period of _____	
and I confirm that he / she undertook the activities as indicated	
<i>Signature</i> _____	<i>Date</i> / /
<i>Manager</i>	<i>Date</i>

School of Agricultural & Veterinary Sciences use only		
_____	_____	/ /
<i>EEMS Coordinator's Name</i>	<i>Signature</i>	<i>Date</i>