

ANNEXURE FOR WE PLACEMENT

Student name:

Student number:

Course code:

I _____ (approved supervisor) confirm that _____ (applicant name) has satisfactorily completed the following WE days. These days comply with the WE rules.

Days	Date dd/mm/yy	Full or half day (F/H)	Days	Date dd/mm/yy	Full or half day (F/H)	Days	Date dd/mm/yy	Full or half day (F/H)
1			26			51		
2			27			52		
3			28			53		
4			29			54		
5			30			55		
6			31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

Please add additional days if necessary.

Student signature:

Date:

Supervisor signature:

Date:

Please return to: Student Services – Work Experience, The College of Law, PO Box 2, St Leonards, NSW 1590 with the **original** declaration form. DX3316 St Leonards, NSW