

GRADUATION **RSVP** FORM

Attention: IMM Graduate School - Cape Town

email: graduation.ct@immgsm.ac.za

**PLEASE REPLY BY 9 March 2018**

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Student Number:

First Name:

Surname:

Telephone: Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the following:

1. I will be attending the Cape Town graduation ceremony to be held on Thursday, 26 April 2018:

 Yes No

\* Please note that if you are unable to attend the Cape Town Graduation Ceremony, your certificate will be available for collection at the Cape Town Regional Office from the day after the graduation (during the week), up to 30 days after the graduation date, after which it will be sent to the National Office in Johannesburg for safekeeping.

1. I hereby request tickets for the following number of guests (Please tick):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Guest |  |  | 2 Guests |  |

***Regrettably no children under 12 years may attend. A maximum of two guests per graduate will be allowed.***

***Please note that no change in venue is permitted after 10 March.***

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