



# FINAL ASSESSMENT RESULT APPEAL APPLICATION FORM 2020

Graduate School

STUDENT NUMBER

Semester 1

Semester 2

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM (IN BLOCK LETTERS USING A BLACK PEN).**

1. Please refer to the Calendar of Events for closing dates and the applicable fees as published in the Prospectus.
2. Applications for a Final Assessment Results Appeal must be submitted no later than the publicised date of the release of final results.
3. Any applications for a Final Assessment Results Appeal for a final result will only be considered if you obtained a final result of no less than 40% and no more than 49% or no less than 70% and no more than 74%.
4. Please email the application form to exams@immgs.ac.za
5. The outcome of the Final Assessment Results Appeal will be published no later than the date published in the Calendar of Events.
6. No late applications will be accepted.
7. No report will be available from the result appeal outcome, only the outcome of the mark will be communicated. For feedback you can apply for an Assessment Feedback Report.

## SECTION A: PERSONAL DETAILS

TITLE  Prof  Dr  Mr  Mrs  Ms  Miss Other \_\_\_\_\_ GENDER  Male  Female

SURNAME As per ID Document \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

FIRST NAME(S) As per ID Document \_\_\_\_\_

ID NO  DATE OF BIRTH

## SECTION B: CONTACT DETAILS

TELEPHONE NO. WORK: ( \_\_\_\_\_ ) \_\_\_\_\_ HOME: ( \_\_\_\_\_ ) \_\_\_\_\_

FAX: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL (Compulsory): \_\_\_\_\_

## SECTION C: ASSESSMENT DETAILS

| MODULE NAME | ASSESSMENT DATE   |
|-------------|---|
| 1.          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2.          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3.          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4.          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

## SECTION D: PAYMENT DETAILS

**NOTE**  
**NO CASH PAYMENTS ARE ACCEPTED AT ANY IMM GRADUATE SCHOOL OFFICE.**

The following proof of payment / documentation has been attached to this registration form.

- EFT / e-payment  Credit / Debit Card
- Direct Deposit  Bank Guaranteed Cheque
- Credit on account: R \_\_\_\_\_, \_\_\_\_\_

### BANK DETAILS

**ACCOUNT NAME:** IMM Graduate School of Marketing (PTY) Ltd  
**BANK:** ABSA Commercial Banking  
**BRANCH CODE:** 632 005  
**EFT CODE:** 632 005  
**SWIFT CODE:** ABSAZAJJ  
**ACCOUNT NUMBER:** 405 631 0798  
 Indicate your full name and surname or your IMM Graduate School student number as reference

## SECTION E: STUDENT DECLARATION

I understand the IMM Graduate School policies and agree to abide by the rules stated therein.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

## FOR OFFICE USE ONLY

Consultant name: \_\_\_\_\_

Date application was received  
\_\_\_\_\_

Members of Evaluation panel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application approved  
\_\_\_\_\_

Authorised by  
\_\_\_\_\_

Noted on Comments  Yes  No

Documentation complete  Yes  No

Date  
\_\_\_\_\_

Outcome

=  %

=  %

=  %

=  %

Stamp  
\_\_\_\_\_