

## **POSTGRADUATE APPLICATION FORM 20**

STUDENT NUMBER			

## Semester 1

Semester 2

LEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM $\circ$	(IN BLOCK LETTERS USING A BLACK PEN).

- 1. Read the Student Yearbook as well as the Prospectus carefully before completing and submitting this Postgraduate Application Form with all the relevant information.
- 2. This Postgraduate Application Form may not be faxed or emailed to the IMM Graduate School.
- 3. New students who meet the IMM Graduate School entry requirements, will only be registered once full payment as well as all required documents have been received.
- 4. The IMM Graduate School cannot accept/process incomplete Postgraduate Application Forms, even if full payment has been received. The onus is on the student to provide all outstanding information/documentation in order for the IMM Graduate School to process the Postgraduate Application Form.

<ol> <li>Late registration fees will apply when the Postgraduate Registration Form is received after the due day</li> <li>Where reference is made to the "Certified Copies", photocopies of the documents must bear an orig</li> <li>Students wishing to apply for one of the Undergraduate Programmes must complete the Undergraduate</li> </ol>	ate, even if the payment was received by the due date. ginal date stamp and signature of a Commissioner of Oaths.
THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FORM. ONE YOU HAVE ATTA THAT YOU HAVE TICKED THE RELEVANT BOXES.	CHED THE DOCUMENTS AS PER THE LIST BELOW, PLEASE ENSURE
ALL STUDENTS	_
Proof of payment (as indicated in Section C: Payment Details)	• CV
	Motivational Letter
Certified copy/copies of academic qualification/s	Code of Conduct letter
FOREIGN STUDENTS  • Certified copy of SAQA evaluation certificate	
Relevant permit (if writing examinations in South Africa)	
Choose the communication channel for receiving general notifications:  Telegram	Email Both
Where did you hear about the IMM Graduate School? (New students only)  Advertisement	ord of mouth Website Other
Where did you attend high school? (New students only) SCHOOL NAME:	
SUBURB: CITY:	
SECTION A: PERSONAL DETAILS (CON	MPULSORY)
TITLE Prof Dr Mr Mrs Ms Other	GENDER Male Female
SURNAME As per ID Document PREI	FERRED NAME
FIRST NAME(S) As per ID Document	
ID NO	DATE OF BIRTH DDDMMMYYYYY
LEGISLATION REQUIREMENTS (new	students)
	d by the Department of Higher Education and Training to allow the IMM Graduate the government to track progress of the transformation of Further & Higher Education.
HOME LANGUAGE:	
LEGISLATION REQUIREMENTS (foreign stu	idents only)
If you are not a South African citizen and you are writing examinations in South Africa, please state the fol	
PERMIT NUMBER PI	ERMIT EXPIRY DATE:// 20/
PERMIT TYPE:	
CONTACT DETAILS (new students only, OR compl	ete only if details have changed)
TELEPHONE NO. WORK: () HOME: (	)
FAX: ( ) CELL PHONE	:
EMAIL: PREFERRED	METHOD OF URGENT NOTIFICATIONS SMS Email
ADDRESS DETAILS (New students only, OR comple	ete only if details have changed)
POSTAL ADDRESS	
	POSTAL CODE
	POSTGRADUATE APPLICATION FORM P1

	STUDENT NUMBER				ш		
WORK DETAILS (new students only, OR complete only if details have changed)							
OCCUPATION		NAME OF EMP	PLOYER				
Chronologically list all full-time positions you have held, incl	uding your current position						_
NAME OF COMPANY OR EMPLOYER	JOB TITLE				OCCUP/	ATION	
			F	ROM		ТО	_
1							
2							
3							
(If this is insufficient space, please submit additional info	rmation separately)						
	SECTION B: ACAD	EMIC HISTO	DRY				
ACADE	MIC QUALIFICATION	S (HIGHER E	DUCATION	N)			
List all universities, colleges or other institutions where you	have been registered as a st	udent in both u	ındergraduate	and postgra	duate program		
YEAR STARTED NAME OF DEGREE/DIPLOMA/CERTIFICATE	FULL/PAR	T-TIME NAME	OF UNIVERSITY	Y/COLLEGE/IN	ISTITUTION	DATE QUALIFIED	
1							
2							
3							
	SECTION C: PAYM	IENT DETAI	LS				
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.  Bank Guaranteed Cheque  Credit / Debit Card  Credit on account: R  Company / Sponsor responsible for payment:  SECTION D: ACADEMIC PROGRAMIN  Please tick the programme for which you wish to register  Postgraduate Diploma in Marketing Management  BCom Honours in Supply Chain Management  STUDENT DECLARATION  I have read the IMM Graduate School Prospectus and Student Yearbook (download from www.imm.ac.za).  I understand and accept all policies and procedures pertaining to the IMM Graduate School, including the IMM Graduate School Prospectus and Student Yearbook (download from www.imm.ac.za).			NAME: IMM Graduate School of Marketing (PTY) Ltd ABSA Commercial Banking  ODE: 632 005 632 005 DE: ABSAJJZZ NUMBER: 405 631 0798 r full name and surname or your IMM Graduate School student number as reference  ME DETAILS  Pement Masters of Philosophy in Marketing Other Other				
<ul> <li>I understand and accept that upon my acceptance to the IMM Graduate School, I immediately become liable to the IMM Graduate School for the full programme fees and therefore undertake to pay the full programme fees on or before the due dates.</li> <li>I understand and accept that should I withdraw from the programme at any time, I will give written notice of my intention and immediately pay all monies owing.</li> <li>IMPORTANT: I understand and accept that for each semester a separate Registration Form must be completed.</li> </ul> STUDENT SIGNATURE							
	FOR OFFICE	USE ONLY					
	umentation complete		Members of E	Evaluation pa	uiei	7	
	norised by		Date				
Yes No			/			_	
Consultant name:							
National Office: No 2, 3rd Avenue, Parktown, Johannesburg, P 0 Box 91820, Auckland Cape Town Student Support Centre: Level 1, The Old Biscuit Mill, 373 Albert Rd, Woo Durban Student Support Centre: Suite 752, Level 1, Ramp 5, Jonsson Kings Park, Jac Parktown Student Support Centre: Level 1, The Old Biscuit Mill, 373 Albert Rd, Wood Pretoria Student Support Centre: 150 Anderson Street, Corner Jan Shoba Street, Broo Stellenbosch Student Support Centre: 2nd Floor, Bosmans Business Centre, 1 Distillet Zimbabwe Administrative Office: 21 Lezard Avenue, Milton Park, Harare, P 0 Box MP	dstock, Cape Town, 7925, Tel +27 (0)76 ko Jackson Drive, Stamford Hill, Durban, stock, Cape Town, 7708, P 0 Box 23998, klyn, Pretoria, 0181, Tel +27 (0)87 898 8 ry Street, Stellenbosch, 7600, Tel +27 (0)	601 8422, Email info.c Tel +27 (0)31 312 223 Claremont, 7735, Tel 471/2, Email info.pta@ 21 883 9102, Email inf	ct@immgsm.ac.za 39, Email info.dbn@in +27 (0)21 671 4426, pimmgsm.ac.za fo.stellenbosch@imme	mmgsm.ac.za , Email info@immg ıgsm.ac.za			

The IMM Graduate School of Marketing is registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997. Registration Certificate number 2000/HE07/013.