



RECOGNITION OF PRIOR LEARNING APPLICATION FORM 20

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. Read the Student Yearbook as well as the Prospectus carefully before completing and submitting this Recognition of Prior Learning Application Form (RPL) with all the relevant information.
2. This application may not be faxed or e-mailed to the IMM Graduate School of Marketing (IMM Graduate School).
3. The IMM Graduate School cannot accept/process incomplete applications for admission, even if full payment has been received. The onus is upon the student to provide all outstanding information/documentation in order for the IMM Graduate School to process the RPL.
4. Where reference is made to "Certified Copies", photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL). ONCE YOU HAVE ATTACHED THE DOCUMENTS AS PER THE LIST BELOW, PLEASE ENSURE THAT YOU HAVE TICKED THE RELEVANT BOXES.

Proof of payment (as indicated in Section C: Payment Details) Comprehensive CV Certified copy/copies of academic qualification/s
 Certified copy of SAQA evaluation certificate (if applicable) Motivation letter Certified copy of ID

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

CONTACT DETAILS

TELEPHONE NO. WORK: (_____) _____ HOME: (_____) _____

FAX: (_____) _____ CELL PHONE: _____

EMAIL: _____

ADDRESS DETAILS

POSTAL ADDRESS _____

POSTAL CODE _____

WORK DETAILS

OCCUPATION _____ NAME OF EMPLOYER _____

Chronologically list all full-time positions you have held, including your current position

	Name of Company / Employer	Job title	Duration From:	
			From:	To:
1				
2				
3				
4				
5				

If this is insufficient space, please submit additional information separately

SECTION B: ACADEMIC HISTORY

Please list all universities, colleges or other institutions where you have been registered as a student in both undergraduate and postgraduate programmes

	Year started	Name of Degree/Diploma/Certificate	Full/Part time	Name of University/College/Institution	Date qualified
1					
2					
3					
4					
5					
6					

Please supply a certified copy of all academic records

