



Graduate School
Marketing • Supply Chain • Business

ASSESSMENT FEEDBACK REPORT APPLICATION FORM 20

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 and Fee Structure for closing dates and the applicable fees as published in the Prospectus.
2. Please email this form to exams@immgs.ac.za
3. Reports will be released to students no later than the date published in the Calendar of Events.

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): _____

POSTAL ADDRESS _____

POSTAL CODE _____

SECTION C: ASSESSMENT DETAILS

MODULE NAME	ASSESSMENT DATE
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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: ABSAJJZZ
 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 _____

Application approved _____

Noted on Comments

Documentation complete

Date

Yes No

Yes No

Outcome

= %
 = %
 = %
 = %

Stamp

