RESULT APPEAL APPLICATION FORM 20 ☐☐

IMM Graduate School
Marketing • Supply Chain • Business

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. Any applications for a Result Appeal for assignments must be submitted within 7 (seven) working days of the release of the assignment marks.
3. Any applications for a Result 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 to exams@immgsm.ac.za
5. The outcome of the Result Appeal will be published no later than the date published in the Calendar of Events.
6. No late applications will be accepted.

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** D D M M Y Y Y Y

SECTION B: CONTACT DETAILS

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

FAX: (_____) _____ **CELL PHONE:** _____

EMAIL (Compulsory): _____

POSTAL ADDRESS _____

_____ **POSTAL CODE** _____

SECTION C: ASSESSMENT DETAILS

Assignment Appeal ☐ **Examination Appeal** ☐

MODULE NAME	ASSESSMENT DATE
1.	D D M M Y Y Y Y
2.	D D M M Y Y Y Y
3.	D D M M Y Y Y Y
4.	D D M M Y Y Y Y

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 Yes ☐ No ☐

Documentation complete Yes ☐ No ☐

Members of Evaluation panel _____

Authorised by _____

Date _____

Outcome

☐☐☐☐ = ☐ %

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Stamp