



Graduate School
Marketing • Supply Chain • Business

SCRIPT VIEWING 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 for closing dates and the applicable fees as published in the Prospectus.
2. Please email to exams@immgsm.ac.za
3. A Script Viewing is only available to students who have submitted and paid for a Result Appeal or Assessment Feedback Report. Only the student will be allowed to view these scripts.
4. No textbooks, question papers, memos or other documents will be allowed into the script viewing venue.

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: EXAMINATION DETAILS

MODULE NAME

EXAMINATION 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"/>
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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 has been attached to this application 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

Members of Evaluation panel

Stamp

Application approved

Authorised by

Date

Noted on Comments

Yes No

Documentation complete

Yes No