

Semester One

 Semester Two

 Student number:

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM (IN BLOCK LETTERS).

1. If this document is faxed, please confirm receipt.
2. Your modules will be altered as per your instruction.

SECTION A: PERSONAL DETAILS (COMPULSORY)

 Title: Prof Dr Mr Mrs Ms Miss Other: _____ Gender: Male Female

Surname: _____ As per ID Document / Passport First Name(s): _____ As per ID Document / Passport

SECTION B: CONTACT DETAILS (only if details have changed)

 Postal Address: _____

Telephone No. Work: (_____) _____ Home: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

e-Mail: _____

SECTION C: EXAMINATION ALTERATION DETAILS

Modules to cancel	Module Name:	Examination Date:																																
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SECTION D: STUDENT DECLARATION

I understand the IMM GSM policies and procedures and agree to abide by the rules therein.

Student signature: _____ Date: _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Date application received:

_____ / _____ / 20 _____

Documentation complete:

 Yes No

Application approved:

 Yes No

Authorised by:

Date:

_____ / _____ / 20 _____

National Call Centre: 0861 IMM GSM / +27 (0) 11 628 2000

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