

Semester One 

 Semester Two 

 Student number:                     

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, Fail Report release dates and the applicable fees.
2. If this document is faxed, please confirm receipt. Please fax the form to 086 726 1148 or to 011 726 4505

### 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

 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No. Work: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

e-Mail: \_\_\_\_\_

### SECTION C: EXAMINATION DETAILS

 Semester One  Semester Two  Year    

Module/s for which a Fail Report is requested:	Module Name:	Examination Date:
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### SECTION D: PAYMENT DETAILS

**NOTE**  
 No cash payments are accepted at any IMM GSM office.  
 The following proof of payment / documentation has been attached to this registration form:

- Bank Guaranteed Cheque       Direct Deposit  
 Credit on account: R \_\_\_\_\_, \_\_\_\_\_       EFT / e-payment

**ACCOUNT NAME:** IMM Graduate School of Marketing (PtyP Ltd)  
**BANK:** ABSA  
**BRANCH:** 160 Jan Smuts Avenue  
**BRANCH CODE:** 508 - 005  
**EFT CODE:** 632005  
**ACCOUNT NUMBER:** 405 631 0798  
 Indicate your full name and surname or your IMM GSM student number as reference

**SECTION E: 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 \_\_\_\_\_

Application approved:

Yes  No

F7 Noted:

Yes  No

Documentation complete:

Yes  No

Authorised by:

\_\_\_\_\_

Stamp:

\_\_\_\_\_

Members of Evaluation panel:

\_\_\_\_\_

Date:

\_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

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

National office: Johannesburg // Atlas Studios, 33 Frost Avenue, Braamfontein Werf. P O Box 91820, Auckland Park, 2006. Tel: +27 (0) 11 628 2000 Fax: +27 (0) 11 726 4505. e-Mail: info@immgsm.ac.za

Durban // Suite 9, The Lodge, Strathmore Park, 305 Musgrave Road, Berea. P O Box 35263, Northway, 4065. Tel: +27 (0) 31 202 5791 Fax: +27 (0) 31 202 5797. e-Mail: imm.dbn@immgsm.ac.za

Cape Town // The Athenaeum Campus, Boundary Terrace, 1 Mariendahl Lane, Newlands, 7700. P O Box 23998, Claremont, 7735. Tel: +27 (0) 21 671 44266. Fax: +27 (0) 21 671 4424. e-Mail: info.ct@immgsm.ac.za

Zimbabwe // Suite N & P, Sam Levy's Village, Borrowdale, Harare. PO Box MP 394, Mount Pleasant, Harare. Tel: +263 (4) 853 177 Fax: +263 (4) 853 172. e-Mail: imm.zim@immgsm.co.zw

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