

Semester One

 Semester Two

 Student number:

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM (IN BLOCK LETTERS USING A BLACK PEN).

1. Read the Student Yearbook as well as the Prospectus carefully before completing and submitting this Postgraduate Application Form with all the relevant information.
2. This Postgraduate Application Form may **not** be faxed or e-mailed to the IMM Graduate School of Marketing (IMM GSM).
3. New students who meet the IMM GSM entry requirements, will only be registered once full payment as well as all required documents have been received.
4. The IMM GSM cannot accept/process incomplete Postgraduate Application Forms, even if full payment has been received. The onus is upon the student to provide all outstanding information/documentation in order for the IMM GSM to process the Postgraduate Application Forms.
5. Late registration fees will apply when the Postgraduate Registration Form is received after the due date, even if the payment was received by the due date.
6. Where reference is made to "Certified Copies", photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.
7. Students wishing to apply for one of the Undergraduate Programmes must complete the Undergraduate Application Form.

The following documents must be attached to this Application form. Once you have attached the documents as per the list below, please ensure that you have ticked the relevant boxes.

All students:

 Proof of payment (as indicated in Section C: Payment Details)

 CV

Application fee for Postgraduate Diploma in Marketing Management - R340,00 (non-refundable)

 Motivational letter

Application fee for B Phil Hons in Marketing Management - R340,00 (non-refundable)

Application fee for M Phil in Marketing - R1 100,00 (non-refundable)

 Certified copy of ID Document / Passport

 Certified copy/copies of Academic Qualification/s

Foreign students only:

 Certified copy of SAQA evaluation certificate (if writing examinations in South Africa)

 Relevant permit (if writing examinations in South Africa)

 Where did you hear about the IMM GSM? *New students only*

 Advertisement

 Word of mouth

 Website

Other: _____

Do you want to receive confidential information e.g. academic results via sms?

 Yes

 No

SECTION A: PERSONAL DETAILS (COMPULSORY)

 Title: Prof Dr Mr Mrs Ms Miss Other: _____

 Gender: Male Female

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

Preferred Name: _____

 ID / Passport No:

 Date of Birth:

LEGISLATION REQUIREMENTS (new students only)

 *ETHNIC GROUP: Black Coloured Indian White

*As required by the Department of Higher Education and Training to allow the IMM GSM and the government to track progress of the transformation of Further & Higher Education.

LEGISLATION REQUIREMENTS (foreign students only)

If you are not a South African citizen and you are writing examinations in South Africa, please state the following:

Permit Number: _____ Permit Expiry Date: _____ / _____ / 20 _____

CONTACT DETAILS (new students only, OR complete only if details have changed)

Telephone No. Work: (_____) _____

Home: (_____) _____

Fax: (_____) _____

Cell Phone: _____

e-Mail: _____

 Preferred method of urgent notifications: SMS e-Mail

ADDRESS DETAILS (new students only, OR complete only if details have changed)

Postal Address: _____

Postal Code: _____

WORK DETAILS (new students only, OR complete only if details have changed)

Occupation: _____ Name of Employer: _____



The IMM Graduate School of Marketing (IMM GSM) is registered with the Department of Higher Education and Training (DoHET) as a private higher education institution under the Higher Education Act, 1997. Registration certificate number 2000/HE07/013.



Chronologically list all full-time positions you have held, including your current position:

	Name of Company or Employer	Job Title	Duration	
			From	To
1				
2				
3				

(if this is insufficient space, please submit additional information separately)

SECTION B: ACADEMIC HISTORY

ACADEMIC QUALIFICATIONS (HIGHER EDUCATION)

List all universities, colleges or other institutions where you have been registered as a student in both undergraduate and postgraduate programmes (whether you completed the programmes or not):

Year Started	Name of Degree/ Diploma/ Certificate	Full/ Part-time	Name of University/ College/ Institution	Date Qualified
1				
2				
3				

SECTION C: 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

IMM GSM BANK DETAILS

ACCOUNT NAME: IMM Graduate School of Marketing (PTY) 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 D: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register.

PROGRAMMES PRIOR TO 2011 (TEACH OUT)*

- Postgraduate Diploma In Marketing

*The teach-out programme listed above must be completed by no later than the end of 2012

Please tick the programme for which you wish to register.

NEW PROGRAMMES AS FROM 2011

- Postgraduate Diploma in Marketing Management M Phil in Marketing Other: _____
 B Phil Honours in Marketing Management Single Module Entry

STUDENT DECLARATION

I have read the IMM GSM Prospectus and Student Yearbook.

I understand and accept all policies & procedures pertaining to the IMM GSM, including the IMM GSM's examination policy, and agree to abide by the rules stated therein.

I have read the Guidelines for 2011 programmes and qualifications (pre-2011 students) and agree to abide by its regulations.

I understand and accept that upon my acceptance to the IMM GSM, I immediately become liable to the IMM GSM for the full programme fees and therefore undertake to pay the full programme fees on or before the due dates.

I understand and accept that should I withdraw from the programme at any time, I will give written notice of my intention and immediately pay all monies owing.

IMPORTANT: I understand and accept that on my acceptance to the IMM GSM a separate Postgraduate Registration form must be completed for each semester and that no faxed or e-mailed Postgraduate Registration forms will be accepted by the IMM GSM.

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

FOR OFFICE USE ONLY

Date application received:

_____ / _____ / 20 _____

Documentation complete:

- Yes No

Members of Evaluation panel:

Application approved:

- Yes No

Authorised by:

Date:

_____ / _____ / 20 _____

National Call Centre: 0861 IMM GSM / +27 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 13944, Mowbray, 7705. **Tel:** +27 (0) 21 448 5060 **Fax:** +27 (0) 21 448 6033 **e-Mail:** imm.ct@immgsm.ac.za
Zimbabwe // Suite N & P, Sam Levy's Village, Borrowdale, Harare. P O Box MP 394, Mount Pleasant, Harare. **Tel:** +263 773 475 003 **Fax:** +263 (0) 4 33 8446 **e-Mail:** imm.zim@immgsm.co.zw

