



# Application for Recognition of Prior Learning (RPL) 20

Student number: (For office use only)

Grid for 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 Application for Recognition of Prior Learning (RPL) with all the relevant information.
2. This application may not be faxed or e-mailed to the IMM Graduate School of Marketing (IMM GSM).
3. The IMM GSM cannot accept/process incomplete applications for admission, 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 Application for Recognition of Prior Learning (RPL).
4. Where reference is made to "Certified Copies", photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.

The following documents must be attached to this Application for Recognition of Prior Learning (RPL). 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)
Proof of payment for RPL Application fee
Certified copy/copies of Academic Qualification/s
Certified copy of SAQA evaluation certificate (if applicable)

- Comprehensive CV
Motivational letter

## SECTION A: PERSONAL DETAILS

Title: Prof Dr Mr Mrs Ms Miss Other:

Gender: Male Female

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

Preferred Name:

ID / Passport No:

Date of Birth: DDMMYY

## WORK DETAILS

Occupation: Name of Employer:

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

Table with 4 columns: Name of Company or Employer, Job Title, From, Duration To. Rows 1-5.

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

FOR OFFICE USE ONLY section with multiple empty rows.

## 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				
4				
5				
6				

## 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     
  Credit on account: R \_\_\_\_\_, \_\_\_\_\_     
  Direct Deposit     
  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 which you are applying for.

- |   |  |
|---|--|
| <input type="checkbox"/> Higher Certificate in Marketing        | <input type="checkbox"/> Higher Certificate in Export Management |
| <input type="checkbox"/> Diploma in Marketing Management        | <input type="checkbox"/> Diploma in Export Management            |
| <input type="checkbox"/> BBA in Marketing Management            |  |
| <input type="checkbox"/> Postgraduate Diploma in Marketing      |  |
| <input type="checkbox"/> B Phil Honours in Marketing Management |  |
| <input type="checkbox"/> M Phil in Marketing                    |  |

## STUDENT DECLARATION

I have read the IMM GSM Prospectus and Student Yearbook.  
 I understand and accept all policies & procedures pertaining to the IMM GSM.  
 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.  
 I understand that in keeping with many other institutions of higher education, the IMM GSM will not refund any fees paid by students.

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Date application received:</b> _____ / _____ / 20 _____	<b>Documentation complete:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Members of Evaluation panel:</b> _____
	<b>Application approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Authorised by:</b> _____	<b>Date:</b> _____ / _____ / 20 _____

Registered with the Department of Education as a private higher education institution under the Higher Education Act, 1997. Registration Certificate no. 2000/HE07/013.

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