



POSTGRADUATE APPLICATION FOR ADMISSION FORM 20

Graduate School
Marketing • Supply Chain • Business

STUDENT NUMBER

Semester 1

Semester 2

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 emailed to the IMM Graduate School.
3. New students who meet the IMM Graduate School entry requirements, will only be registered once full payment as well as all required documents have been received.
4. The IMM Graduate School cannot accept/process incomplete Postgraduate Application Forms, even if full payment has been received. The onus is on the student to provide all outstanding information/documentation in order for the IMM Graduate School to process the Postgraduate Application Form.
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 Registration Form.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FORM. ONE 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)
- Certified copy of ID Document / Passport
- Certified copy/copies of academic qualification/s
- CV
- Motivational Letter
- Code of Conduct letter

FOREIGN STUDENTS

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

Do you want to receive your academic results via SMS? Yes No

Choose the communication channel for receiving general notifications:

- SMS Email Both

WHERE DID YOU HEAR ABOUT THE IMM Graduate School? (New students only) Advertisement Word of mouth Website Other _____

WHERE DID YOU ATTEND HIGH SCHOOL? (New students only) SCHOOL NAME: _____

SUBURB: _____ CITY: _____

SECTION A: PERSONAL DETAILS (COMPULSORY)

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

LEGISLATION REQUIREMENTS (new students)

*ETHNIC GROUP Black Coloured Indian White *As required by the Department of Higher Education and Training to allow the IMM Graduate School and the government to track progress of the transformation of Further & Higher Education.

HOME LANGUAGE: _____

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 _____

PERMIT TYPE: _____

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

TELEPHONE NO. WORK: (_____) _____ HOME: (_____) _____

FAX: (_____) _____ CELL PHONE: _____

EMAIL: _____ PREFERRED METHOD OF URGENT NOTIFICATIONS SMS Email

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

POSTAL ADDRESS _____

POSTAL CODE _____

--	--	--	--	--	--

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

OCCUPATION _____ NAME OF EMPLOYER _____

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

	NAME OF COMPANY OR EMPLOYER	JOB TITLE	OCCUPATION	
			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 program

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 Graduate School OFFICE.

The following proof of payment / documentation has been attached to this registration form.

- Bank Guaranteed Cheque Direct Deposit
 Credit / Debit Card EFT / e-payment
 Credit on account: R _____ , _____

Company / Sponsor responsible for payment: _____

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 D: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register

- Postgraduate Diploma in Marketing Management Single Module Entry Masters of Philosophy in Marketing
 BPhil Honours in Marketing Management Other _____

STUDENT DECLARA-

- I have read the IMM Graduate School Prospectus and Student Yearbook.
- I understand and accept all policies and procedures pertaining to the IMM Graduate School, including the IMM Graduate School'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 Graduate School, I immediately become liable to the IMM Graduate School 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 for each semester a separate Registration Form must be completed and that no faxed or emailed Registration Forms will be accepted by the IMM Graduate School.

STUDENT SIGNATURE _____ DATE _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Date application was received

 / / 20

Documentation complete

 Yes No

Members of Evaluation panel

Application approved

 Yes No

Authorised by

Date

 / / 20

Consultant name:

National Office: Atlas Studio, 33 Frost Avenue, Braamfontein Werf, 2193, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 2000, Fax +27 (0)11 726 4505, Email info@immgsm.ac.za
Claremont Student Support Centre: Level 3, Stadium on Main, Main Road, Claremont, Cape Town, 7708, P O Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Email info.ct@immgsm.ac.za
Greenstone Student Support Centre: Stoneridge Office Park, Building B, 8 Greenstone Place, Greenstone Hill, Edenvale, 1610, P O Box 2780, Edenvale, 1610, Tel +27 (0)11 609 5003, Email info.greenstone@immgsm.ac.za
Lynwood Student Support Centre: 408 Lynwood Road, Lynwood, Pretoria, 0001, Postnet Private Bag x 1, Menlo Park, 0102, Tel +27 (0)81 756 6016, Email info.lynnwood@immgsm.ac.za
Milpark Student Support Centre: 33 Frost Avenue, Braamfontein Werf, 2193, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 8029, Email info.milpark@immgsm.ac.za
Morningside Student Support Centre: 245 Peter Mokaba Road, Corner Valley View Road, Morningside, Durban, P O Box 35263, Northway, 4065, Tel +27 (0)31 312 2239, Email info.dbn@immgsm.ac.za
Sandton Student Support Centre: Grayston Ridge Office Park, 144 Katherine Street, Sandton, 2196, P O Box 414004, Craighall, 2024, Tel +27 (0)11 783 6662, Email info.sandton@immgsm.ac.za
Stellenbosch Student Support Centre: 1st Floor, Aan de Gragt Building, 5 Plein Street, Stellenbosch, 7600, Postnet Suite 15, Private Bag X5071, Stellenbosch, 7600, Tel +27 (0)21 883 9104, Email info.stellenbosch@immgsm.ac.za
Zimbabwe Administrative Office: 21 Lezard Avenue, Milton Park, Harare, P O Box MP 394, Mount Pleasant, Harare, Tel +263 (0)86 7700 4806 or +263 (0)773 475 003, Email imm.zim@immgsm.ac.za