



**Graduate School**  
Marketing • Supply Chain • Business

# PRIVATE INVIGILATION APPLICATION FORM 20

STUDENT NUMBER

Semester 1

Semester 2

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

1. This form is to be completed by all private invigilation students.
2. Read the current IMM Graduate School Prospectus and IMM Graduate School Yearbook carefully before completing and submitting the form with all the relevant information.
3. Return the completed form to the IMM Graduate School via email to pi@immgsm.ac.za.
4. If payment is delayed, please provide proof of payment commitment from your company/sponsor.
5. Please note that a private invigilation administration fee is payable.
6. The closing date for Private Invigilation Applications and the fee payable is the same closing date as registration closing date per semester.

## SECTION A: STUDENT PERSONAL DETAILS

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 \_\_\_\_\_

## SECTION B: PRIVATE INVIGILATOR AND EXAMINATION VENUE DETAILS

TITLE  Prof  Dr  Mr  Mrs  Ms  Miss Other \_\_\_\_\_ GENDER  Male  Female

SURNAME As per ID Document \_\_\_\_\_ FIRST NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS OF EXAMINATION VENUE \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

## SECTION C: PRIVATE INVIGILATOR DECLARATION

I, \_\_\_\_\_ Private Invigilator (name and surname) hereby declare that I have access to ALL of the following:

Internet  Scanner facility  email facility  Printer

I have received a "Private Invigilator Information Pack" which states the Rules and Regulations under which I must perform my duties.

I, the undersigned, will be acting as Private Invigilator for this student and hereby declare that the information stated above is correct.

PRIVATE INVIGILATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

## SECTION D: STUDENT DECLARATION

I have read the IMM Graduate School Prospectus and the IMM Graduate School Yearbook.

I understand and accept the IMM Graduate School's Examination policy and agree to abide by the rules laid down therein.

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 course fees.

I undertake to pay the full course 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 and accept that for each semester a separate Private Invigilator Application Form must be completed.

A comprehensive CV of the Private Invigilator has been attached and consists of  pages (student to enter total number of pages).

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

**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  
**Lynnwood Student Support Centre:** 408 Lynnwood Road, Lynnwood, 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