RECOGNITION OF PRIOR LEARNING APPLICATION FORM 20

IMM 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 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 Graduate School).
3. The IMM Graduate School 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 Graduate School to process the 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.

- Proof of payment (as indicated in Section C: Payment Details) ☐
- Comprehensive CV ☐
- Certified copy/copies of academic qualification/s ☐
- Certified copy of SAQA evaluation certificate (if applicable) ☐
- Motivation letter ☐
- Certified copy of ID ☐

SECTION A: 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 _____

ID NO ☐☐☐☐☐☐☐☐☐☐☐☐☐ **DATE OF BIRTH** D D M M Y Y Y Y

CONTACT DETAILS

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

FAX: (_____) _____ **CELL PHONE:** _____

EMAIL: _____

ADDRESS DETAILS

POSTAL ADDRESS _____

_____ **POSTAL CODE** _____

WORK DETAILS

OCCUPATION _____ **NAME OF EMPLOYER** _____

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

	Name of Company / Employer	Job title	Duration From:	
			From:	To:
1				
2				
3				
4				
5				

If this is insufficient space, please submit additional information separately

SECTION B: ACADEMIC HISTORY

Please list all universities, colleges or other institutions where you have been registered as a student in both undergraduate and postgraduade programmes

	Year started	Name of Degree/Diploma/Certificate	Full/Part time	Name of University/College/Institution	Date qualified
1					
2					
3					
4					
5					
6					

Please supply a certified copy of all academic records

STUDENT NUMBER
(New students to leave blank)

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
- ☐ Credit / Debit Card
- ☐ Credit on account: R _____ , _____
- ☐ Direct Deposit
- ☐ EFT / e-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 GSM student number as reference

SECTION D: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register.

- ☐ Foundation Programme (Pre-Varsity)
- ☐ Higher Certificate in Marketing
- ☐ Higher Certificate in Export Management
- ☐ Diploma in Marketing Management
- ☐ Diploma in Export Management
- ☐ Bachelor of Business Administration in Marketing Management
- ☐ BCom in Marketing & Management Science

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 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 Undergraduate Registration Form must be completed and that no faxed or emailed Undergraduate Registration Forms will be accepted by the IMM Graduate School.

STUDENT SIGNATURE _____ **DATE** _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Consultant name:

Date application was received

Documentation complete
Yes ☐ No ☐

Members of Evaluation panel

Application approved
Yes ☐ No ☐

Authorised by

Date

FOR OFFICE USE ONLY

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, 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

The IMM Graduate School of Marketing is registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997. Registration Certificate number 2000/HE07/013.