



# RECOGNITION OF PRIOR LEARNING APPLICATION 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 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

### 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 postgraduate 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

