Graduate School

ASSESSMENT FEEDBACK REPORT APPLICATION FORM 20

STUDENT NUMBER



Semester 1



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

- 1. Please refer to the Calendar of Events and Fee Structure for closing dates and the applicable fees as published in the Prospectus.
- 2. If this document is faxed, please confirm receipt. Please fax the form to 0862123175 or e-mail exams@immgsm.ac.za.

| 3. Reports will be released to students no later than the date published in the Calender of Events. | |
|---|---|
| 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 |
| SECTION B:CONTACT DETAILS | |
| | |
| TELEPHONE NO. WORK: () | |
| | CELL PHONE: |
| EMAIL (Compulsory): | |
| POSTAL ADDRESS | |
| | POSTAL CODE |
| SECTION C: ASSESSMENT DETAILS | |
| MODULE NAME | ASSESSMENT DATE |
| | |
| 1. | D D M M Y Y Y Y |
| 2. | |
| 3. | D D M M Y Y Y |
| 4. | |
| | |
| SECTION D: PAYMENT DETAILS | |
| NOTE | BANK DETAILS |
| NO CASH PAYMENTS ARE ACCEPTED AT ANY IMM GRADUATE SCHOOL OFFICE. The following proof of payment / documentation has been | ACCOUNT NAME: IMM Graduate School of Marketing (PTY) Ltd |
| attached to this registration form. | BANK: ABSA Commercial Banking BRANCH CODE: 632 005 |
| EFT / e-payment Credit / Debit Card | EFT CODE: 632 005 |
| Direct Deposit Bank Guaranteed Cheque | SWIFT CODE: ABSAJJZZ ACCOUNT NUMBER: 405 631 0798 |
| Credit on account: R | Indicate your full name and surname or your IMM Graduate School student number as reference |
| CECTION E CTUDENT DECLADATION | |
| SECTION E: STUDENT DECLARATION | |
| I understand the IMM Graduate School policies and agree to abide by the rules stated therein. | |
| STUDENT SIGNATURE | DATE / / 20 |
| FOR OFFICE USE ONLY | |
| Consultant name: | Outcome Stamp |
| Date application was received Members of Evaluation panel | |
| Application approved Authorised by | |
| Application approved Authorised by | |
| Noted on Comments Documentation complete Date | % |
| Yes No Yes No | ASSESSMENT FEEDBACK APPLICATION FORM P1 |