



Graduate School

Marketing • Supply Chain • Business

BCOM ARTICULATION 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 Articulation Application Form must only be completed by students wishing to articulate from the Diploma in Marketing Management or BBA in Marketing Management to the BCom in Marketing and Management Science.
2. This Articulation Application Form may not be faxed or e-mailed to the IMM Graduate School.
3. Read the IMM Graduate School Student Yearbook, or the BCom in Marketing and Management Science booklet, as well as the Prospectus before completing and submitting this Articulation Application Form together with all relevant information.
4. The IMM Graduate School cannot accept/process incomplete Articulation Application Forms if any programme fees are outstanding. The onus rests upon the student to provide all outstanding information/documentation in order for the IMM Graduate School to progress the Articulation Application Form.
5. Late registration fees will apply when the Articulation Application Form and/or Undergraduate Registration Form is received after the due date, even if the payment was received by the due date.

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 _____

SECTION B: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you have been registered previously.

☐ BBA in Marketing Management ☐ Diploma in Marketing Management ☐ BCom (Prior to 2015)

Please tick the programme for which articulation is being applied:

☐ BCom in Marketing and Management Science ☐ BCom in Marketing and Management Science (New structure with Supply Chain Management)

STUDENT DECLARATION

- I understand and accept that this Articulation Application Form must first be approved by the Dean of Faculty before I may commence the articulation.
- I understand and accept all IMM Graduate School policies in the Prospectus and Yearbook.

STUDENT SIGNATURE _____ DATE _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Consultant name: _____ Date application was received _____ Date application was updated _____ Authorised by _____

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Zambia Administration Office: Zambia Institute of Marketing, 1st Floor I National Housing Authority, Annex Building I Chilufya Mulenga Road, Longacres I Zambia, PO Box 32180 I Lusaka, Tel +27 (0) 11 628 2000, Email info.zambia@immgs.ac.za

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The IMM Graduate School of Marketing is registered with the Department of Higher Education and Training (DHET) as a private higher education institution under the Higher Education Act, 1997. Registration certificate number 2000/HE07/013.