



Graduate School

Marketing • Supply Chain • Business

EXAMINATION ALTERATION FORM 20

STUDENT NUMBER

(New students to leave blank)

Semester 1

Semester 2

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

1. If this document is faxed, please confirm receipt. Please fax to 086 568 4815 (SA only) or e-mail alteration@immgsm.ac.za
2. Your modules will be altered as per your instruction.
3. Modules will only be altered for the semester indicated above. You cannot transfer a module to another semester.

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

SECTION B: CONTACT DETAILS

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

FAX: (_____) _____ CELL PHONE: _____

EMAIL: _____

POSTAL ADDRESS _____

POSTAL CODE _____

SECTION C: EXAMINATION ALTERATION DETAILS

MODULES TO CANCEL

MODULE NAME	VENUE

PRIVATE	SSC	BRANCH

MODULES TO BE ADDED

MODULE NAME	VENUE

PRIVATE	SSC	BRANCH

STUDENT DECLARATION

I understand the IMM Graduate School policies and procedures and agree to abide by the rules therein.

STUDENT SIGNATURE _____ DATE _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Consultant Name

Date application was received

Documentation complete

Yes ☐ No ☐

Application approved

Yes ☐ No ☐

Authorised by

Date

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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.

EXAMINATION ALTERATION FORM P1