



Graduate School

Marketing • Supply Chain • Business

# POSTGRADUATE APPLICATION FOR ADMISSION 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. Read the Student Yearbook as well as the Prospectus carefully before completing and submitting this Postgraduate Application Form with all the relevant information.
2. This Postgraduate Application Form may not be faxed or emailed to the IMM Graduate School.
3. New students who meet the IMM Graduate School entry requirements, will only be registered once full payment as well as all required documents have been received.
4. The IMM Graduate School cannot accept/process incomplete Postgraduate Application Forms, even if full payment has been received. The onus is on the student to provide all outstanding information/documentation in order for the IMM Graduate School to process the Postgraduate Application Form.
5. Late registration fees will apply when the Postgraduate Registration Form is received after the due date, even if the payment was received by the due date.
6. Where reference is made to "Certified Copies", photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.
7. Students wishing to apply for one of the Undergraduate Programmes must complete the Undergraduate Registration Form.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FORM. ONE YOU HAVE ATTACHED THE DOCUMENTS AS PER THE LIST BELOW, PLEASE ENSURE THAT YOU HAVE TICKED THE RELEVANT BOXES.

### ALL STUDENTS

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| • Proof of payment (as indicated in Section C: Payment Details) | <input type="checkbox"/> | • CV                     | <input type="checkbox"/> |
| • Certified copy of ID Document / Passport                      | <input type="checkbox"/> | • Motivational Letter    | <input type="checkbox"/> |
| • Certified copy/copies of academic qualification/s             | <input type="checkbox"/> | • Code of Conduct letter | <input type="checkbox"/> |

### FOREIGN STUDENTS

- |   |                          |
|---|--------------------------|
| • Certified copy of SAQA evaluation certificate             | <input type="checkbox"/> |
| • Relevant permit (if writing examinations in South Africa) | <input type="checkbox"/> |

Do you want to receive your academic results via SMS?

Yes ☐

No ☐

Choose the communication channel for receiving general notifications:

SMS ☐

Email ☐

Both ☐

WHERE DID YOU HEAR ABOUT THE IMM Graduate School? (New students only)

Advertisement ☐

Word of mouth ☐

Website ☐

Other \_\_\_\_\_

WHERE DID YOU ATTEND HIGH SCHOOL? (New students only) SCHOOL NAME: \_\_\_\_\_

SUBURB: \_\_\_\_\_ CITY: \_\_\_\_\_

## SECTION A: PERSONAL DETAILS (COMPULSORY)

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

## LEGISLATION REQUIREMENTS (new students only)

\*ETHNIC GROUP ☐ Black ☐ Coloured ☐ Indian ☐ White \*As required by the Department of Higher Education and Training to allow the IMM Graduate School and the government to track progress of the transformation of Further & Higher Education.

HOME LANGUAGE: \_\_\_\_\_

## LEGISLATION REQUIREMENTS (foreign students only)

If you are not a South African citizen and you are writing examinations in South Africa, please state the following:

PERMIT NUMBER \_\_\_\_\_ PERMIT EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

PERMIT TYPE: \_\_\_\_\_

## CONTACT DETAILS (new students only, OR complete only if details have changed)

TELEPHONE NO. WORK: ( \_\_\_\_\_ ) \_\_\_\_\_ HOME: ( \_\_\_\_\_ ) \_\_\_\_\_

FAX: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PREFERRED METHOD OF URGENT NOTIFICATIONS ☐ SMS ☐ Email

## ADDRESS DETAILS (New students only, OR complete only if details have changed)

POSTAL ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

## WORK DETAILS (new students only, OR complete only if details have changed)

OCCUPATION \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_

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

NAME OF COMPANY OR EMPLOYER	JOB TITLE	FROM	OCCUPATION TO
1			
2			
3			

(If this is insufficient space, please submit additional information separately)

## SECTION B: ACADEMIC HISTORY

## ACADEMIC QUALIFICATIONS (HIGHER EDUCATION)

List all universities, colleges or other institutions where you have been registered as a student in both undergraduate and postgraduate program

YEAR STARTED	NAME OF DEGREE/DIPLOMA/CERTIFICATE	FULL/PART-TIME	NAME OF UNIVERSITY/COLLEGE/INSTITUTION	DATE QUALIFIED
1				
2				
3				

## 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
 ☐ Direct Deposit
- ☐ Credit / Debit Card
 ☐ EFT / e-payment
- ☐ Credit on account: R \_\_\_\_\_, \_\_\_\_\_

Company / Sponsor responsible for 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 Graduate School student number as reference

## SECTION D: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register

- ☐ Postgraduate Diploma in Marketing Management
 ☐ Single Module Entry
 ☐ Masters of Philosophy in Marketing
- ☐ BPhil Honours in Marketing Management
 ☐ Other \_\_\_\_\_

## STUDENT DECLARATION

- 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 have read the Guidelines for 2011 programmes and qualifications (pre-2011 students) and agree to abide by its regulations.
- 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 Registration Form must be completed and that no faxed or emailed Registration Forms will be accepted by the IMM Graduate School.**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

## FOR OFFICE USE ONLY

Date application was received

 /  / 20 

Documentation complete

Yes ☐ No ☐

Members of Evaluation panel

  

Application approved

Yes ☐ No ☐

Authorised by

Date

 /  / 20 

Consultant name:

**National Office:** Johannesburg Atlas Studio, 33 Frost Avenue, Braamfontein Werf, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 2000, Fax to email 086 212 3272, Email info@immgs.ac.za**Cape Town Administration Office:** Level 3, Stadium on Main, Main Road, Claremont, Cape Town, 7708, P O Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Fax to email 086 212 3201, Email info.ct@immgs.ac.za**Durban Administration Office:** 245 Peter Mokaba Road, cnr Valley View Road, Morningside, Durban, P O Box 35263, Northway, 4065, Tel +27 (0)31 312 2239, Fax +27 (0)31 312 6748, Email info.dbn@immgs.ac.za**Ghana Administration Office:** Chartered Institute of Marketing Ghana, 4th Floor I NCR Building, Opposite Roxy Cinema on The Kwame Nkrumah Avenue, PO Box GP 18235 I Accra-Ghana, Tel +27 11 628 2000, Email info@ghana@immgs.ac.za**Nigeria Administration Office:** National Institute of Marketing Nigeria, Centre for Management Development, Cmd Road I Ikosi Ketu I Shangisha Lagos, Tel +27 11 628 2000, Email info@nigeria@immgs.ac.za**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**Zimbabwe Administration Office:** Suite N & P, Sam Levy's Village, Borrowdale, Harare, P O Box MP 394, Mount Pleasant, Harare, Tel +263 (4) 853177 or +263 773 475003 Email imm.zim@immgs.ac.za