



Graduate School

Marketing • Supply Chain • Business

# PRIVATE INVIGILATION 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 form is to be completed by all private invigilation students.
2. Read the current IMM Graduate School Prospectus and IMM Graduate School Yearbook carefully before completing and submitting the form with all the relevant information.
3. Return the completed form to the IMM Graduate School via email to pi@immgs.ac.za.
4. If payment is delayed, please provide proof of payment commitment from your company/sponsor.
5. Please note that a private invigilation administration fee is payable.
6. The closing date for Private Invigilation Applications and the fee payable is the same closing date as registration closing date per semester.

## SECTION A: STUDENT 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: PRIVATE INVIGILATOR AND EXAMINATION VENUE DETAILS

TITLE ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other \_\_\_\_\_ GENDER ☐ Male ☐ Female

SURNAME As per ID Document \_\_\_\_\_ FIRST NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS OF EXAMINATION VENUE \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

## SECTION C: PRIVATE INVIGILATOR DECLARATION

I, \_\_\_\_\_ Private Invigilator (name and surname) hereby declare that I have access to ALL of the following:

Internet ☐ Scanner facility ☐ email facility ☐ Printer ☐

I have received a "Private Invigilator Information Pack" which states the Rules and Regulations under which I must perform my duties.

I, the undersigned, will be acting as Private Invigilator for this student and hereby declare that the information stated above is correct.

PRIVATE INVIGILATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

## SECTION D: STUDENT DECLARATION

I have read the IMM Graduate School Prospectus and the IMM Graduate School Yearbook.

I understand and accept the IMM Graduate School's Examination policy and agree to abide by the rules laid down therein.

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 course fees.

I undertake to pay the full course 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.

I understand and accept that for each semester a separate Private Invigilator Application Form must be completed.

A comprehensive CV of the Private Invigilator has been attached and consists of    pages (student to enter total number of pages).

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

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 Lusaka, 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

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.