



Graduate School

Marketing • Supply Chain • Business

RESULT APPEAL 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. Please refer to the Calendar of Events for closing dates and the applicable fees as published in the Prospectus.
2. Any applications for a Result Appeal for assignments must be submitted within 7 (seven) working days of the release of the assignment marks.
3. Any applications for a Result Appeal for a final result will only be considered if you obtained a final result of no less than 40% and no more than 49% or no less than 70% and no more than 74%.
4. If this document is faxed, please confirm receipt. Please fax the form to 0862123175 or e-mail exams@immgs.ac.za.
5. The outcome of the Result Appeal will be published no later than the date published in the Calendar of Events.
6. No late applications will be accepted.

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 (Compulsory): _____

POSTAL ADDRESS _____

POSTAL CODE _____

SECTION C: ASSESSMENT DETAILS

MODULE NAME	ASSESSMENT DATE
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION D: 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.

- ☐ EFT / e-payment ☐ Credit / Debit Card
- ☐ Direct Deposit ☐ Bank Guaranteed Cheque
- ☐ Credit on account: R _____

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

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: _____

Date application was received

Application approved

Noted on Comments

Documentation complete

Yes ☐ No ☐

Yes ☐ No ☐

Members of Evaluation panel

Authorised by

Date

Outcome

= %

= %

= %

= %

Stamp
