



Graduate School

Marketing • Supply Chain • Business

# APPLICATION FOR RECOGNITION OF PRIOR LEARNING 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 Application for Recognition of Prior Learning (RPL) with all the relevant information.
2. This application may not be faxed or e-mailed to the IMM Graduate School of Marketing (IMM Graduate School).
3. The IMM Graduate School cannot accept/process incomplete applications for admission, even if full payment has been received. The onus is upon the student to provide all outstanding information/documentation in order for the IMM Graduate School to process the RPL.
4. Where reference is made to "Certified Copies", photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.

## THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL). ONCE YOU HAVE ATTACHED THE DOCUMENTS AS PER THE LIST BELOW, PLEASE ENSURE THAT YOU HAVE TICKED THE RELEVANT BOXES.

Proof of payment (as indicated in Section C: Payment Details) ☐

Comprehensive CV ☐

Certified copy/copies of academic qualification/s ☐

Certified copy of SAQA evaluation certificate (if applicable) ☐

Motivation letter ☐

Certified copy of ID ☐

## 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

## CONTACT DETAILS

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

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

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

## ADDRESS DETAILS

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

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

## WORK DETAILS

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

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

	Name of Company / Employer	Job title	Duration From:	
			From:	To:
1				
2				
3				
4				
5				

If this is insufficient space, please submit additional information separately

## SECTION B: ACADEMIC HISTORY

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

	Year started	Name of Degree/Diploma/Certificate	Full/Part time	Name of University/College/Institution	Date qualified
1					
2					
3					
4					
5					
6					

Please supply a certified copy of all academic records

RPL APPLICATION FORM P1

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## 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Bank Guaranteed Cheque             | <input type="checkbox"/> Direct Deposit  |
| <input type="checkbox"/> Credit / Debit Card                | <input type="checkbox"/> EFT / e-payment |
| <input type="checkbox"/> 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 GSM student number as reference

## SECTION D: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Foundation Programme (Pre-Varsity)      | <input type="checkbox"/> Diploma in Marketing Management                             | <input type="checkbox"/> BCom in Marketing & Management Science |
| <input type="checkbox"/> Higher Certificate in Marketing         | <input type="checkbox"/> Diploma in Export Management                                |   |
| <input type="checkbox"/> Higher Certificate in Export Management | <input type="checkbox"/> Bachelor of Business Administration in Marketing Management |   |

## 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 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 Undergraduate Registration Form must be completed and that no faxed or emailed Undergraduate Registration Forms will be accepted by the IMM Graduate School.**

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

## FOR OFFICE USE ONLY

Consultant name:

Date application was received

Documentation complete

Yes ☐ No ☐

Members of Evaluation panel

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Application approved

Yes ☐ No ☐

Authorised by

Date

FOR OFFICE USE ONLY	

**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@immgsm.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@immgsm.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@immgsm.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@immgsm.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@immgsm.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@immgsm.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@immgsm.ac.za