



Graduate School

CANCELLATION APPLICATION

STUDENT NUMBER
(New students to leave blank)

Semester 1

Semester 2

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS CANCELLATION APPLICATION

- Complete all sections of this form in block letters using black ink.
- There are 5 types of cancellations namely:
 - Full Academic Programme Cancellations** (costs apply): A signed motivational letter is required stating the reasons for the cancellation application.
 - Module (Examination) Cancellations** (costs apply). Module cancellations have two cancellation deadlines:-
 - Published Cancellation Date:** Cancellations must be received by the IMM Graduate School no later than the published date.
 - Special Cancellations** (Medical): These cancellations apply when a student was booked off ill during the examination period and was unable to write an examination. Medical cancellations must reach the IMM Graduate School within two weeks of the last examination date. The medical practitioner note must specifically state the date when the student was not able to write the examination/s. The student must submit a certified/original medical certificate with the application from this medical certificate must bear the medical practise stamp.
 - Module Swap** (no cost): Certain modules are cancelled and replaced with other modules. This may be done for semesters 1 and 2 per academic year, either within a semester, or move to semester 2.
 - Workshops** (costs apply): Assignment Workshops or Revision Workshops may be cancelled. The Cancellation Application must have reached the IMM Graduate School 14 days prior to the date of the workshop.
 - Tutorial Cancellations** (costs apply): Depending on the cancellation date, a student may apply to cancel the remaining tutorials.
- Cancellation Fees:** Refer to the IMM Graduate School Prospectus Fee Structure to determine the relevant cancellation costs.
- Cancellation Policies / Deadlines:** Students must take note of the various deadlines which apply to all the above cancellation options. Refer to the IMM Graduate School Cancellation Policies as stipulated per the relevant contract which you signed as well as the IMM Graduate School Prospectus and Yearbook.
- Cancellations received after the published cancellation date will not be processed.
- Special Notes:-**
 - Assignment results are not carried over from one semester to another when a module is cancelled.
 - It is the responsibility of the student to re-register for the module. The fees of the relevant year will apply.
- Once completed, please submit this application form at any IMM Graduate School office, or submit via email to cancel@immgsm.ac.za or fax to +27 (11) 482 9421. If this document is faxed, please confirm receipt by calling the National Call Centre on +27 (11) 628 2000 after waiting 72 hours from the time of sending the fax.

SECTION A: STUDENT PERSONAL DETAILS (COMPULSORY)

SURNAME _____ FIRST NAME _____

EMAIL (Compulsory) _____ CONTACT NUMBER _____

ID NO/PASSPORT NUMBER

SECTION B: MODULE CANCELLATION

MODULE NAME IN FULL	CANCELLATION TYPE			
	MODULE	WORKSHOPS		TUTORIALS
		ASSIGNMENT	REVISION	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: MODULE SWAP

MODULES TO BE CANCELLED				REPLACEMENT MODULE			
MODULE NAME IN FULL	MODULE CODE	SEMESTER		MODULE NAME IN FULL	MODULE CODE	SEMESTER	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION D: STUDENT DECLARATION

I understand the IMM Graduate School policies and procedures and agree to abide by the rules therein, specifically those relating to cancellations.

STUDENT SIGNATURE _____ DATE _____ / _____ / 20 _____

SECTION E: DOCUMENTATION REQUIRED

Cancellation Application Form – Documents Required

The indicates that a document is required. Make a inside the to indicate the document/s have been attached

Cancellation Type	Tick (✓) the relevant box	Applicant Checklist		IMM Graduate School Checklist	
		Motivational Letter	Medical Certificate	Academic Record	Attendance Register
Full Academic Programme	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Module Cancellation	<input type="checkbox"/>	<input type="checkbox"/>			
Module Cancellation - Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Workshop	<input type="checkbox"/>				
Tutorial	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: OFFICE USE ONLY: DOCUMENT CONTROL

Application complete	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Application scanned into SIMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Received by					
DATE :	/	/	20		
			SIGNATURE		

IMM GRADUATE SCHOOL
DATE STAMP

SECTION G: OFFICE USE ONLY: PROCESSING

F.1: MODULE CANCELLATIONS

TYPE:	<input type="checkbox"/> NORMAL	<input type="checkbox"/> MEDICAL	EXAM DATE	/	/	20		DR NOTE DATE :	/	/	20	
	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	DATE :	/	/	20		PRINT NAME:				
COMMENT:								SIGNATURE:				

F.2: TUTORIAL CANCELLATION

TIME SLOT	<input type="checkbox"/> WEEK 1	<input type="checkbox"/> WEEK 2	<input type="checkbox"/> WEEK 3	<input type="checkbox"/> WEEK 4	<input type="checkbox"/> WEEK 5+	TUTORIAL COMMENCEMENT DATE	/	/	20		
CLASS ATTENDANCE :	ATTENDED		OUT OF		=		%	CREDIT VALUE	R		
SSC HEAD APPROVAL :	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	DATE :	/	/	20		SIGNATURE:			
COMMENT:											

F.3: WORKSHOP CANCELLATION

DATE OF WOKSHOP	/	/	20		DATE OF CANCELLATION	/	/	20		
SSC HEAD APPROVAL :	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	DATE :	/	/	20		SIGNATURE:		
COMMENT:										

F.4: NATIONAL OFFICE APPROVAL (ONLY FOR MEDICAL AND TUTORIAL CANCELLATIONS)

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	DATE :	/	/	20		SIGNATURE:				
COMMENT:											

National Office: Atlas Studio, 33 Frost Avenue, Braamfontein Werf, 2193, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 2000, Fax +27 (0)11 726 4505, Email info@immgsm.ac.za
Cape Town Student Support Centre: Level 3, Stadium on Main, Main Road, Claremont, Cape Town, 7708, P O Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Email info.ct@immgsm.ac.za
Durban Student Support Centre: 245 Peter Mokaba Road, Corner Valley View Road, Morningside, Durban, P O Box 35263, Northway, 4065, Tel +27 (0)31 312 2239, Email info.dbn@immgsm.ac.za
Greenstone Student Support Centre: Stoneridge Office Park, Building B, 8 Greenstone Place, Greenstone Hill, Edenvale, 1610, P O Box 2780, Edenvale, 1610, Tel +27 (0)11 609 5003, Email info.greenstone@immgsm.ac.za
Milpark Student Support Centre: 33 Frost Avenue, Braamfontein Werf, 2193, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 8029, Email info.milpark@immgsm.ac.za
Pretoria Student Support Centre: 150 Anderson Street, Corner Jan Shoba Street, Brooklyn, Pretoria, 0181, Postnet Private Bag x 1, Menlo Park, 0102, Tel +27 (0)81 756 6016, Email info.pta@immgsm.ac.za
Sandton Student Support Centre: Grayston Ridge Office Park, 144 Katherine Street, Sandton, 2196, P O Box 414004, Craighall, 2024, Tel +27 (0)11 783 6662, Email info.sandton@immgsm.ac.za
Stellenbosch Student Support Centre: Corner of Drukkers Road and Papegaairand Road, Stellenbosch, 7600, Postnet Suite 15, Private Bag X5071, Stellenbosch, 7600, Tel +27 (0)21 883 9104, Email info.stellenbosch@immgsm.ac.za
Zimbabwe Administrative Office: 21 Lezard Avenue, Milton Park, Harare, P O Box MP 394, Mount Pleasant, Harare, Tel +263 (0)86 7700 4806 or +263 (0)773 475 003, Email imm.zim@immgsm.ac.za