



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 and Fee Structure for closing dates and the applicable fees as published in the Prospectus.
2. Please email this form to exams@immgsm.ac.za
3. Reports will be released to students no later than the date published in the Calendar of Events.

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

Table with 2 columns: MODULE NAME, ASSESSMENT DATE. Rows 1-4.

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

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

Members of Evaluation panel

Authorised by

Date

Outcome

Outcome grid with percentage boxes

Stamp

