



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 MPHIL Application Form with all the relevant information.
2. This MPHIL Application Form may not be faxed or emailed to the IMM Graduate School.
3. New students who meet the IMM Graduate School entry requirements, will only be registered once the Application fee for MPHIL payment as well as all required documents have been received.
4. The IMM Graduate School cannot accept/process incomplete MPHIL Application Forms, even if full payment has been received. The onus is on the student to provide all outstanding information/documentation in order for the IMM Graduate School to process the Master Application Form.
5. Once students have been approved to attend the Research Workshop an invoice for the full programme will be issued.
6. Where reference is made to the 'Certified Copies', photocopies of the documents must bear an original date stamp and signature of a Commissioner of Oaths.
7. Students wishing to apply for one of the Undergraduate Programmes must complete the New Student Registration Form.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FORM. ONCE YOU HAVE ATTACHED THE DOCUMENTS AS PER THE LIST BELOW, PLEASE ENSURE THAT YOU HAVE TICKED THE RELEVANT BOXES.

ALL STUDENTS

- Proof of application fee (as indicated in Section C: Payment Details)
• Certified copy of ID Document / Passport
• Certified copy/copies of academic qualification/s and transcripts
• Initial Research Proposal (3-5 pages)
• CV
• Motivational Letter
• Code of Conduct letter from previous institution or IMM
• Electronic or bound copy of NQF level 8 research project

FOREIGN STUDENTS

- Certified copy of SAQA evaluation certificate for foreign qualifications

Choose the communication channel for receiving general notifications:

- Cell phone, Email, Both, Advertisement, Word of mouth, Website, Other

Where did you hear about the IMM Graduate School? (New students only)

SECTION A: PERSONAL DETAILS (COMPULSORY)

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

LEGISLATION REQUIREMENTS (new students)

*ETHNIC GROUP Black, Coloured, Indian, White. *As required by the Department of Higher Education and Training to allow the IMM Graduate School and the government to track progress of the transformation of Further & Higher Education.

HOME LANGUAGE:

CONTACT DETAILS (new students only, OR complete only if details have changed)

TELEPHONE NO. WORK, HOME, FAX, CELL PHONE, EMAIL, PREFERRED METHOD OF URGENT NOTIFICATIONS SMS, Email

ADDRESS DETAILS (New students only, OR complete only if details have changed)

POSTAL ADDRESS, POSTAL CODE

WORK DETAILS (new students only, OR complete only if details have changed)

OCCUPATION, NAME OF EMPLOYER

Chronologically list all full-time positions you have held, including your current position (most recent as 1)

Table with 4 columns: NAME OF COMPANY OR EMPLOYER, JOB TITLE, OCCUPATION FROM, TO. Rows 1 and 2.

(If this is insufficient space, please submit additional information separately)

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SECTION B: ACADEMIC HISTORY

ACADEMIC QUALIFICATIONS (HIGHER EDUCATION)

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

YEAR STARTED	NAME OF DEGREE/DIPLOMA/CERTIFICATE	FULL/PART-TIME	NAME OF UNIVERSITY/COLLEGE/INSTITUTION	DATE QUALIFIED
1				
2				
3				
4				
5				
6				

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.

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

Company / Sponsor responsible for payment: _____

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 as reference

SECTION D: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register

- Master of Philosophy in Marketing

STUDENT DECLARATION

- I have read the IMM Graduate School Prospectus and Student Yearbook (download from www.imm.ac.za).
- 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 programme fees due and therefore undertake to pay the programme fees due 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 I may withdraw from the programme within 7 days of being registered and that no refund may be applied thereafter.

I understand and accept that once a supervisor has been allocated to me I may only change to another supervisor with a motivational letter submitted to the research committee.

I understand and accept that once I have been registered for the dissertation I will have 18 months to complete the MPhil. If I need a semester break I will submit this in writing. Any additional semesters required to complete the MPhil will be charged at the current semester fee.

I acknowledge that I may be required to attend a Panel Interview.

I understand that I will, upon being selected for the programme, be required to attend and complete prerequisite research skills development.

STUDENT SIGNATURE _____ DATE _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Date application was received

_____ / _____ / 20 _____

Documentation complete

Yes No

Members of Evaluation panel

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Application approved

Yes No

Authorised by

Date

_____ / _____ / 20 _____

Consultant Name

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: Jonsson Kings Park, Suite 718 - Ramp 5, Jacko Jackson Drive, Stamford Hill, Durban, 4065, Tel +27 (0)31 312 2239, Email info.dbn@immgsm.ac.za

Edenvale 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

Stellenbosch Student Support Centre: Bosmans Business Centre, 2nd Floor, Distillery Street, 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

The IMM Graduate School of Marketing is registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997. Registration Certificate number 2000/HE07/013.