



Graduate School

PROGRAMME CHANGE 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. This Programme Change Application Form must only be completed by students wishing to articulate from a previous programme to a new programme.
2. This Programme Change Application Form may not be faxed to the IMM Graduate School.
3. Read the IMM Graduate School Student Yearbook as well as the Prospectus before completing and submitting this Programme Change Application Form together with all relevant information.
4. The IMM Graduate School cannot accept/process incomplete Programme Change Application Forms if any programme fees are outstanding. The onus rests upon the student to provide all outstanding information/documentation in order for the IMM Graduate School to progress the Programme Change Application Form.
5. Late registration fees will apply when the Programme Change Application Form and/or Registration Form is received after the due date, even if the payment was received by the due date.
6. A certified copy of your NSC/SC/Foreign qualification is required.

SECTION A: PERSONAL DETAILS

TITLE: Prof Dr Mr Mrs Ms Miss Other: _____ TITLE: Male Female

SURNAME: As per ID Document _____ PREFERRED NAME: _____

FIRST NAME(S): As per ID Document _____

SECTION B: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you have been registered previously:

- | | |
|---|--|
| <input type="checkbox"/> Higher Certificate in Marketing | <input type="checkbox"/> Higher Certificate in Export Management |
| <input type="checkbox"/> Diploma in Export Management | <input type="checkbox"/> Diploma in Marketing Management |
| <input type="checkbox"/> BCom in Marketing and Management Science | <input type="checkbox"/> Bachelor of Business Administration in Marketing Management |
| <input type="checkbox"/> Postgraduate Diploma in Marketing Management | <input type="checkbox"/> BPhil Honours in Marketing Management |

Please tick the programme for which articulation is being applied:

- | | | |
|---|--|--|
| <input type="checkbox"/> Higher Certificate in Marketing | <input type="checkbox"/> Postgraduate Diploma in Marketing Management | <input type="checkbox"/> BCom in International Supply Chain Management |
| <input type="checkbox"/> Diploma in Export Management | <input type="checkbox"/> Higher Certificate in Export Management | <input type="checkbox"/> Transport |
| <input type="checkbox"/> BCom in Marketing and Management Science | <input type="checkbox"/> Diploma in Marketing Management | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Supply Chain Management | <input type="checkbox"/> Bachelor of Business Administration in Marketing Management | <input type="checkbox"/> Public Procurement |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> BPhil Honours in Marketing Management | <input type="checkbox"/> Higher Certificate in Supply Chain Management |
| <input type="checkbox"/> Sales Management | | <input type="checkbox"/> BCom Honours in Supply Chain Management |

STUDENT DECLARATION

- I understand and accept that this Programme Change Application Form must first be approved before I may commence the articulation.
- I understand and accept the consequences of articulating to a new programme, such as the difference in NQF levels of the previous programmes v.s. the new programmes, the difference in the number of modules and that only 50% of modules may be credited from one new programme to another.
- I understand and accept that credit transfers will only be granted for similar modules written and passed in the last 5 years.

STUDENT SIGNATURE: _____ DATE: _____/_____/20_____

FOR OFFICE USE ONLY

Consultant name:	Date application was received	Date application was updated	Authorised by
_____	_____	_____	_____

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 Claremont Student Support Centre: Level 3, Stadium on Main, Main Road, Claremont, Cape Town, 7708, PO Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Email info.ct@immgs.ac.za
 Greenstone Student Support Centre: Stoneridge Office Park, Building B, 8 Greenstone Place, Greenstone Hill, Edenvale, 1610, PO Box 2780, Edenvale, 1610, Tel +27 (0)11 609 5003, Email info.greenstone@immgs.ac.za
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 Morningside Student Support Centre: 245 Peter Mokaba Road, Comer Valley View Road, Morningside, Durban, PO Box 352 dbn@immgs.ac.za
 Sandton Student Support Centre: Grayston Ridge Office Park, 144 Katherine Street, Sandton, 2196, PO Box 414004, Craighall, 2024, Tel +27 (0)11 783 6662, Email info.sandton@immgs.ac.za
 Stellenbosch Student Support Centre: 1st Floor, Aan de Gragt Building, 5 Plein Street, Stellenbosch, 7600, Postnet Suite 15, Private Bag X5071, Stellenbosch, 7600, Tel +27 (0)21 883 9104, Email info.stellenbosch@immgs.ac.za
 Zimbabwe Administrative Office: 21 Lizard Avenue, Milton Park, Harare, PO Box MP 394, Mount Pleasant, Harare, Tel +263 (0)86 7700 4806 or +263 (0)773 475 003, Email imm.zim@immgs.ac.za