RECOGNITION OF PRIOR LEARNING APPLICATION FORM 20

Graduate School

STUDENT NUMBER			
Semester 1	Semester 2	2	

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM (IN BLOCK LETTERS USING A BLACK PEN).

- Read the Student Yearbook as well as the Prospectus carefully before completing and submitting this Recognition of Prior Learning Application Form (RPL) with all the relevant information.
- This application may not be faxed or e-mailed to the IMM Graduate School of Marketing (IMM Graduate School).
- 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	of 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)	rtified copy of SAQA evaluation certificate (if applicable) Motivation letter Certified copy of ID					
SECTION A: PERSONAL DETAILS						
TITLE Prof Dr Mr	Mrs Ms		er GEND		Female	
SURNAME As per ID Document PREFERRED NAME						
FIRST NAME(S) As per ID Document						
ID NO			DATE OF BIRTH D D	MMY	YYY	
	CON	ITACT DETAILS	S			
TELEPHONE NO. WORK: ()		HOME: ()			
FAX: ()		CELL PHON	NE:			
EMAIL:						
	ADD	RESS DETAILS	S			
POSTAL ADDRESS						
POSTAL CODE						
			POSTAL CODE			
	W	ORK DETAILS	POSTAL CODE			
OCCUPATION		ORK DETAILS	POSTAL CODE			
OCCUPATION Chronologically list all full-time positions you have held,		ORK DETAILS NAME OF E				
Chronologically list all full-time positions you have held,		ORK DETAILS NAME OF E	EMPLOYER		on From:	
		ORK DETAILS NAME OF E	EMPLOYER			
Chronologically list all full-time positions you have held, Name of Company / Employer 1		ORK DETAILS NAME OF E	EMPLOYER	Duratio	n From:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2		ORK DETAILS NAME OF E	EMPLOYER	Duratio	n From:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1		ORK DETAILS NAME OF E	EMPLOYER	Duratio	n From:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3		ORK DETAILS NAME OF E	EMPLOYER	Duratio	n From:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4	including your current posit	ORK DETAILS NAME OF E	EMPLOYER	Duratio	n From:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4 5	including your current posit	ORK DETAILS NAME OF E	tle	Duratio	n From:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4 5 If this is insufficient space, please submit additional info	including your current positive current	NAME OF Etion Job ti ACADEMIC H registered as a stud	tle ISTORY lent in both undergraduate and postgra	Duratio From:	on From: To:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4 5 If this is insufficient space, please submit additional info Please list all universities, colleges or other institution Year started Name of Degree/Diplo	including your current positive current	DRK DETAILS NAME OF E tion Job ti : ACADEMIC H	tle	Duratio From:	n From: To:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4 5 If this is insufficient space, please submit additional info	including your current positive current	NAME OF Etion Job ti ACADEMIC H registered as a stud	tle ISTORY lent in both undergraduate and postgra	Duratio From:	on From: To:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4 5 If this is insufficient space, please submit additional info Please list all universities, colleges or other institution Year started Name of Degree/Diplo	including your current positive current	NAME OF Etion Job ti ACADEMIC H registered as a stud	tle ISTORY lent in both undergraduate and postgra	Duratio From:	on From: To:	
Chronologically list all full-time positions you have held, Name of Company / Employer 1 2 3 4 5 If this is insufficient space, please submit additional info Please list all universities, colleges or other institution Year started Name of Degree/Diplet 1 2 3 4 4 Name of Degree/Diplet 1 2 3 4	including your current positive current	NAME OF Etion Job ti ACADEMIC H registered as a stud	tle ISTORY lent in both undergraduate and postgra	Duratio From:	on From: To:	
Name of Company / Employer Name of Company / Employer I 2 3 4 5 5 If this is insufficient space, please submit additional info Please list all universities, colleges or other institution Year started Name of Degree/Diplet 1 2 3 3 4 5 5 5 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	including your current positive current	NAME OF Etion Job ti ACADEMIC H registered as a stud	tle ISTORY lent in both undergraduate and postgra	Duratio From:	on From: To:	

SECTION C: PAYN	MENT 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	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 F	PROGRAMME DETAILS
Please tick the programme for which you wish to register. Diploma in Marketing Management Higher Certificate in Supply (Higher Certificate in Export Management) Bachelor of Business Administration in Marketing Management	
STUDENT D	DECLARA-
 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, inclu therein. I understand and accept that upon my acceptance to the IMM Graduate School, I immediately be 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 writte IMPORTANT: I understand and accept that for each semester a separate Undergraduate Undergraduate Registration Forms will be accepted by the IMM Graduate School. 	ecome liable to the IMM Graduate School for the full programme fees and therefore undertake to ten notice of my intention and immediately pay all monies owing.
STUDENT SIGNATUREFOR OFFICE	DATE / 20
	Documentation complete Yes No Date
FOR OFFICE USE ONLY	

National Office: No 2, 3rd Avenue, Parktown, Johannesburg, 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 1, The Old Biscuit Mill, 373 Albert Rd, Woodstock, Cape Town, 7925, Tel +27 (0)76 601 8422, Email info.ct@immgsm.ac.za

Durban Student Support Centre: Suite 752, Level 1, Ramp 5, Jonsson Kings Park, Jacko Jackson Drive, Stamford Hill, Durban, Tel +27 (0)31 312 2239, Email info.dtm@immgsm.ac.za

Parktown Student Support Centre: Level 1, The Old Biscuit Mill, 373 Albert Rd, Woodstock, Cape Town, 7708, P O Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Email info@immgsm.ac.za

Pretoria Student Support Centre: 150 Anderson Street, Corner Jan Shoba Street, Brooklyn, Pretoria, 0181, Tel +27 (0)27 898 8471/2, Email info.pta@immgsm.ac.za

Stellenbosch Student Support Centre: 2nd Floor, Bosmans Business Centre, 1 Distillery Street, Stellenbosch, 7600, Tel +27 (0)21 883 9102, 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