

IMM GRADUATE SCHOOL OF MARKETING

UNDERGRADUATE REGISTRATION FORM 20

Semester One Semester Two

Student number:
(New students to leave blank)

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 Undergraduate Registration Form with all the relevant information.
2. This Undergraduate Registration Form may **not** be faxed or e-mailed to the IMM Graduate School of Marketing (IMM GSM).
3. New students who meet the IMM GSM entry requirements, will only be registered once full payment as well as all required documents have been received.
4. The IMM GSM cannot accept/process incomplete Undergraduate Registration Forms, even if full payment has been received. The onus is upon the student to provide all outstanding information/documentation in order for the IMM GSM to process the Undergraduate Registration Form.
5. Late registration fees will apply when the Undergraduate Registration Form is received after the due date, even if the payment was received by the due date.
6. Where reference is made to "Certified Copies", photocopies of the documents must bear an original stamp and signature of a Commissioner of Oaths.
7. Students wishing to apply for one of the Postgraduate Programmes must complete the Postgraduate Application Form.

The following documents must be attached to this Registration 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 payment (as indicated in Section B: Payment Details)

New students

Renewal students

Certified copy of ID Document / Passport

South African students only:

Certified copy of Senior Certificate / NSC (as well as Highest Academic Qualification - where applicable)

Foreign students only:

GCSE/GCE / other, namely: _____

Renewal students

Certified copy of SAQA evaluation certificate (if writing examinations in South Africa)

Relevant permit (if writing examinations in South Africa)

Where did you hear about the IMM GSM? *New students only* Advertisement Word of mouth Website Other: _____

Do you want to receive confidential information e.g. academic results via sms? Yes No

SECTION A: PERSONAL DETAILS (COMPULSORY)

Title: Prof Dr Mr Mrs Ms Miss Other: _____

Gender: Male Female

Surname: _____ First Name(s): _____
As per ID Document / Passport As per ID Document / Passport

Preferred Name: _____

ID / Passport No:

Date of Birth:

LEGISLATION REQUIREMENTS (new students only)

*ETHNIC GROUP: Black Coloured Indian White

** As required by the Department of Education to allow the IMM GSM and the government to track progress of the transformation of Further & Higher Education.*

LEGISLATION REQUIREMENTS (foreign students only)

If you are **not** a South African citizen and you are writing examinations in South Africa, please state the following:

Permit Number: _____ Permit Expiry Date: _____ / _____ / 20 _____

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

Telephone No. Work: (_____) _____ Home: (_____) _____

Fax: (_____) _____ Cell Phone: _____

e-Mail: _____ Preferred method of urgent notifications: SMS e-Mail

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: _____

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Student number:

(New students to leave blank)

SECTION B: PAYMENT DETAILS

NOTE

No cash payments are accepted at any IMM GSM office.

The following proof of payment / documentation has been attached to this registration form

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

IMM GSM BANK DETAILS

ACCOUNT NAME: IMM Graduate School of Marketing (PTY) Ltd
BANK: ABSA
BRANCH: 160 Jan Smuts Avenue
BRANCH CODE: 508 - 005
EFT CODE: 632005
ACCOUNT NUMBER: 405 631 0798
Indicate your full name and surname or your IMM GSM student number as reference

SECTION C: ACADEMIC PROGRAMME DETAILS

Please tick the programme for which you wish to register.

Programmes prior to 2011 (Teach-out)

Certificate in Retail Marketing Articulation from Diploma to BBA

Certificate in Sales Management Single Module Entry

Diploma in Export Management I wish to articulate from a pre-2011 (Teach-out) programme to a new programme, and have attached a completed Articulation Application Form.

Diploma in Marketing

Bachelor of Business Administration (Marketing)

New Programmes as from 2011

Higher Certificate in Marketing Diploma in Export Management

Higher Certificate in Export Management Bachelor of Business Administration in Marketing Management

Diploma in Marketing Management Single Module Entry

SECTION D: EXAMINATION MODULE DETAILS

A maximum of four modules may be examined in one examination session.

	Module	Private Student (Please tick)	OR	Student Support Centre (College) (State Name and Branch)	Full-time or Part-time	
					FT	PT
1		PVT			FT	PT
2		PVT			FT	PT
3		PVT			FT	PT
4		PVT			FT	PT

SECTION E: EXAMINATION VENUE DETAILS

Please tick the venue most suited to you:

- Bloemfontein Gaborone [Botswana] Nelspruit Pretoria
- Bulawayo [Zimbabwe] Harare [Zimbabwe] Pietermaritzburg Windhoek [Namibia]
- Cape Town Johannesburg Polokwane Private Invigilation
(Complete the Private Invigilation Application form)
- Durban London [United Kingdom] Port Elizabeth Other, namely: _____

STUDENT DECLARATION

I have read the IMM GSM Prospectus and Student Yearbook.
 I understand and accept all policies & procedures pertaining to the IMM GSM, including the IMM GSM's examination policy, and agree to abide by the rules stated therein.
 I have read the Guidelines for 2011 programmes and qualifications (renewal students only) and agree to abide by its regulations.
 I understand and accept that upon my acceptance to the IMM GSM, I immediately become liable to the IMM GSM for the full programme fees and therefore undertake to 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 written notice of my intention and immediately pay all monies owing.
 I understand that in keeping with many other institutions of higher education, the IMM GSM will not refund any fees paid by students.

IMPORTANT: I understand and accept that for each semester a separate Undergraduate Registration Form must be completed and that no faxed or e-mailed Undergraduate Registration Forms will be accepted by the IMM GSM.

Student signature: _____ Date: _____ / _____ / 20 _____

National Call Centre: 0861 IMM GSM / +27 11 628 2000

National Office: Johannesburg // Atlas Studios, 33 Frost Avenue, Braamfontein Werf. P O Box 91820, Auckland Park, 2006. Tel: +27 (0) 11 628 2000 Fax: +27 (0) 11 726 4505 e-Mail: info@immgsm.ac.za
Durban // Suite 9, The Lodge, Strathmore Park, 305 Musgrave Road, Berea. P O Box 35263, Northway, 4065. Tel: +27 (0) 31 202 5791 Fax: +27 (0) 31 202 5797 e-Mail: imm.dbn@immgsm.ac.za
Cape Town // The Athenaeum Campus, Boundary Terrace, 1 Mariendahl Lane, Newlands, 7700. P O Box 13944, Mowbray, 7705. Tel: +27 (0) 21 448 5060 Fax: +27 (0) 21 448 6033 e-Mail: imm.ct@immgsm.ac.za
Zimbabwe // Suite N & P, Sam Levy's Village, Borrowdale, Harare. P O Box MP 394, Mount Pleasant, Harare. Tel: +263 773 475 003 Fax: +263 (0) 4 33 8446 e-Mail: imm.zim@immgsm.co.zw

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