



# FINAL ASSESSMENT RESULT APPEAL APPLICATION FORM 2020

Graduate School

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 for closing dates and the applicable fees as published in the Prospectus.
2. Applications for a Final Assessment Results Appeal must be submitted no later than the publicised date of the release of final results.
3. Any applications for a Final Assessment Results Appeal for a final result will only be considered if you obtained a final result of no less than 40% and no more than 49% or no less than 70% and no more than 74%.
4. Please email the application form to exams@immgs.ac.za
5. The outcome of the Final Assessment Results Appeal will be published no later than the date published in the Calendar of Events.
6. No late applications will be accepted.

### 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

MODULE NAME	ASSESSMENT DATE
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### 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:** ABSAZAJJ  
**ACCOUNT NUMBER:** 405 631 0798  
 Indicate your full name and surname or your IMM Graduate School student number as reference

### 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  Yes  No  Documentation complete  Yes  No

Members of Evaluation panel

Authorised by

Date

**Outcome**

=  %  
    =  %  
    =  %  
    =  %

**Stamp**