

Application for Registration Postgraduate Programmes

HOW TO COMPLETE THIS FORM

1. Please complete using block letters. All sections must be completed.
2. Use a black pen to fill out this form.
3. Please complete ALL sections in CAPITAL/UPPER-CASE
4. Enclose one set of supporting documents with this application. (All documents must be certified by a recognised authority, eg school, university or IIE MSA. This application will not be processed unless full documentation is attached. Fax copies are NOT acceptable. Certified Copy - A document that has been stamped by a commissioner of oath, or at the police station. Please ensure that you carry your original document when getting your copies certified.
5. This application is the property of IIE MSA. Supporting documentation will NOT be returned.
6. Late applications will be accepted subject to availability of places.

STUDENT NUMBER: (For admin purposes)

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AGENT / REPRESENTATIVE STAMP:

RETURN COMPLETED FORM TO: admissions@iiemsaco.za

SECTION A: PERSONAL DETAILS

Surname:		Given Names:									
SA ID Number or Passport Number:		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>									
Date of Birth: Day / Month / Year		Parent / Guardian Name:									
Citizenship:		Country of Birth:									
Race: <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other											
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>		if yes, please specify: <input type="checkbox"/> Communication <input type="checkbox"/> Emotional <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Physical									
		<input type="checkbox"/> Unspecified <input type="checkbox"/> Multiple <input type="checkbox"/> Intellectual <input type="checkbox"/> Disabled									
Would you like to apply for an Academic Concession? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify Academic Concession eg. Dyslexia:									
If you are not a South African citizen, do you have permanent residency in South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/>											
Have you previously applied to IIE MSA? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, provide your IIE MSA Student Number: <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									

SECTION B: ADDRESS DETAILS

Postal Address:		Physical Address:	
Postal Code:		Postal Code:	
Country:		Country:	
Tel: Home () Business: ()		Cellphone Number:	
Fax: Home () Business: ()			
Email Address (please write clearly):			
Alternate Email Address (Parent/Guardian):			

SECTION C: EMERGENCY CONTACT DETAILS

First Name:	Surname:	Relationship to Student:
Physical Address:		Cellphone Number: Tel: Work ()
Postal Code:		Email:

SECTION D: ACCOUNT PAYER INFORMATION

Full Name:	Cellphone Number:
Email Address:	Tel: Home () Tel: Work ()
Physical Address:	
Postal Code:	
Postal Address:	
Postal Code:	
Country:	
Account payer ID / Passport:	
Relationship to student:	
Occupation (Position and Title):	
Employer/Company Name:	
Tel Business: ()	
Email:	
Employer/Company Address:	

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SECTION E: PROGRAMME PREFERENCES

(Please number in order of preference)

Programme applying for	2019 Starting Date
<input type="checkbox"/> Bachelor of Commerce Honours in Economics	2019 - ____ - ____
<input type="checkbox"/> Bachelor of Social Science (Honours)	2019 - ____ - ____
<input type="checkbox"/> Bachelor of Computer and Information Sciences (Honours)	2019 - ____ - ____
<input type="checkbox"/> Bachelor of Business Science (Honours)	2019 - ____ - ____
<input type="checkbox"/> Bachelor of Public Health (Honours)	2019 - ____ - ____
<input type="checkbox"/> Bachelor of Commerce (Honours) in Economics	2019 - ____ - ____
<input type="checkbox"/> Bachelor of Laws (LLB)	2019 - ____ - ____
<input type="checkbox"/> Postgraduate Diploma in Water Management	2019 - ____ - ____
<input type="checkbox"/> Postgraduate Diploma in Public Health	2019 - ____ - ____
<input type="checkbox"/> Postgraduate Diploma in Corporate Governance	2019 - ____ - ____
<input type="checkbox"/> Postgraduate Diploma in Business Leadership	2019 - ____ - ____
<input type="checkbox"/> Postgraduate Diploma in Finance and Accounting	2019 - ____ - ____
<input type="checkbox"/> Master of Business Administration	2019 - ____ - ____
<input type="checkbox"/> Master of International Business	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2

STARTING DATE: Year in which you wish to begin your course:

SECTION F: ENGLISH LANGUAGE PROFICIENCY (FOR INTERNATIONAL STUDENTS)

Was English the language of instruction in previous studies completed? Yes No

If no, I will sit/have sat for and English language proficiency test: English test name: TOEFL IELTS

Date taken: Day / Month / Year Result (If known): TRF number:

SECTION G: TERTIARY STUDIES * Original or certified copies of statements / transcripts must be submitted including failed modules

Year of commencement	Degree/Qualification	Institution	Country	Year completed/or last attempt

If applicable, please provide certified copies of your SAQA evaluation certificates.

Are you currently awaiting results of post-secondary studies undertaken this year ? Yes No

If yes, please indicate the date the results will be available: Day / Month / Year

Name of institution and qualification:

To apply for credits for previous study, complete the application for advanced standing form available at www.iieamsa.co.za/study/apply/credit-previous-study/

*** If your official academic records are not issued in English, you must submit an English translation, from an accredited translator, along with your official documents in the original language. Without a translated version of your original records, your application will not be evaluated.**

SECTION H: RELATED WORK EXPERIENCE * You must have work experience to be eligible for this course

Employer:	Position:	Length of employment:
Brief job description:		
Is English the predominant business language in your workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>		You must submit your cv with your application

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SECTION I: IMPORTANT CHECKLIST *To be completed by all applications

Have you written your email address clearly? <input type="checkbox"/>	Have you completed the application form in full? <input type="checkbox"/>	Office use only
Have you attached a certified copy of your Identity Document or Passport? <input type="checkbox"/>		
Have you included original or certified copies of results, qualifications, transcripts and English language proficiency, etc?		
Have you attached a certified marriage certificate? * Necessary for students who have changed their surname by marriage. <input type="checkbox"/>		
Have you included certified copies of qualifications, English language proficiency, CV and translated copies (where required), etc? <input type="checkbox"/>		
Have you signed and dated the application form? <input type="checkbox"/>		

SECTION J: DECLARATION AND SIGNATURE

I declare that the information provided by me is true and complete in every particular.
 I grant IIE MSA permission to inquire and/or verify my information and qualifications from relevant bodies provided with this application and to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Applicant Signature : _____ Date Day / Month / Year

OFFICE USE ONLY

Application checked and captured: _____
 IIE MSA Representative Name: _____
 IIE MSA Admission Staff Name: _____
 CRM Unique Code: _____
 Date Received: _____
 Source: Email Online Walk-In Open Day Post
 Other _____

P	CO	O	R	P	CO	O	R

Decision: _____ Decision: _____
 Sign: _____ Sign: _____
 Date: _____ Date: _____
 Captured by: _____ Captured by: _____
 Letter date: _____ Letter date: _____

Note: _____ Note: _____