/alid from 26.04.2018



OFFICE OF THE REGISTRAR - ACADEMICS ZETECH O. Box 30 AUG 2018 2768-00200

ICM House, Yeoman Road, Ringwood, Hampshire, BH24 3FA, England. INSTITUTE OF COMMERCIAL MANAGEMENT

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## PROFESSIONAL EXAMINATION ENTRY FORM **JOURNALISM**

Examinations are held in MARCH, JUNE, SEPTEMBER and DECEMBER each year. All examination timetables show a closing date for receipt, by the Institute, of examination entries. Your completed examination entry form must reach the Institute before the stated closing date, which is normally eight weeks **before** the month in which you want to sit for the examinations. If your application is received **after** the closing date your entry will <u>automatically</u> be carried forward to the next series.

Candidates must be paid-up Student Members of the Institute at the time of undertaking examinations. Examination fees are not refundable under **any** circumstances and fees may not be transferred from one student to another. If you are unable to sit for an examination as a result of illness, your entry will be carried forward to the following series providing you supply a Doctor's certificate, new Examination Entry form and pay £15.00 administration charge in respect of each subject which you have deferred.

TOTAL £	ТО
Sub-editing & Design	☐ Media Ethics & Regulation
Sports Journalism	Media & Society
Magazine Journalism	Introduction to Journalism
☐ Digital TV & Radio Journalism	English for Journalists & Writers
Part 2	Part 1
(A Certificate in Journalism is awarded on completion of all Part 1 subjects. A Diploma in Journalism is awarded on completion of all Part 1 & Part 2 subjects).	(A Certificate in Journalism is av A Diploma in Journalism is awarded
Diploma in Journalism	Diplom
Date:	Signed:
(Nominate your school/centre)	I wish to attend an Examination at:(Nominate
	MTCN number:
MARCH 20 JUNE 20 SEPT 20 DEC 20 DEC 20	☐ MARCH 20 ☐ JUNE 20
TOTAL £ ) to enter for the subject/s indicated below 🗹 :	Enclosed is the required fee/s of £32.00 per subject (TOTAL £
	COUNTRY:
STUDENT NUMBER:	NAME: