



**RHODES UNIVERSITY**  
*Where leaders learn*

**POSTGRADUATE DIPLOMA IN  
MEDIA MANAGEMENT  
APPLICATION FORM**

**Please note :**

The diploma is open to any graduate with a degree from a recognised university.

1. Surname: .....

2. First Name(s): .....

3. Preferred Name: ..... 4. Age: .....

5. Nationality.....

6. Indicate the degree you have completed or are completing: Date (Year) .....

(e.g. B.A.) ..... University: .....

Majors: .....

Rhodes University Student Number (if applicable) .....

7. Contact postal address, telephone number and e-mail address:

Term: .....

.....

E-mail address: ..... Telephone Number: .....

8. Contact postal address, telephone number and e-mail address:

Vacation .....

.....

.....

E-mail address: ..... Telephone Number: .....

9. Explain why you would like to attend this programme .

10. Describe your career aspirations.

**APPLICATIONS**

Please return this form, together with a completed Rhodes University honours application form, a full official up to date academic transcript, a motivation letter and your curriculum vitae to the address below by 30 November of the year before your proposed year of registration.

**The Registrar  
Rhodes University  
P O Box 94  
Grahamstown  
6140**