



GWANDA STATE UNIVERSITY

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ADMISSIONS AND STUDENT RECORDS

DEFERMENT APPLICATION FORM

Name (Mr/Mrs/Miss/Ms): _____

Student Number: _____ Part: _____ Semester: _____ Academic Year: _____

Contact Address: _____

Email Address: _____ Cell _____ Phone _____

Faculty: _____

Department: _____

Degree Programme: _____

I wish to my studies for *one semester/two semesters (*delete inapplicable*), and I intend to resume studies in the Academic Year: _____Reason(s) for Deferment (please attach separate sheet(s) if necessary)

Please note that Deferment is valid for One Academic Year Only

Signature of Student: _____ Date _____

OFFICIAL USE ONLY

CHAIRPERSON'S SIGNATURE _____ DATE _____

DEANS SIGNATURE _____ DATE _____

ADMISSIONS AND STUDENT RECORDS OFFICIAL _____ DATE _____

Deferment Approved Deferment Not Approved