



GWANDA STATE UNIVERSITY

Admissions and Students Records

Application to Repeat Form

Surname First Name(s)

Student No.Level Gender.....

Faculty

Department

Programme

Address & Contact #

.....

Mode of Study (**Tick Appropriate**) Conventional / Parallel / Block Release

LIST OF MODULES TO BE REPEATED IN THE TABLE BELOW

<u>Course Name</u>	<u>Course Code</u>

Department Chairperson:..... Date:

Dean of Studies:..... Date:.....

Admissions and Student Records..... Date:.....