

Gwanda State University

Student Registration Form

3 COPIES

- (1) Students' Record/Registration
- (2) Faculty Office
- (3) Examinations

MR	
MRS	
MISS	

PLEASE CHECK ALL THE PRINTED INFORMATION BELOW AND MAKE ANY NECESSARY AMENDMENTS, ALSO COMPLETE SECTION "A" AND "B".

SECTION A PERSONAL DETAILS

SURNAME.....	FORENAMES.....
DATE OF BIRTH.....	PLACE OF BIRTH.....
NATIONALITY.....	BIRTH CERT.NO.....
RELIGION.....	CITIZENSHIP.....
STUDENT REG NO.....	
NATIONAL I.D. NO.....	TEL NO.
<u>HOME ADDRESS</u>	<u>TERM ADDRESS</u>
.....	<u>NAME AND ADDRESS OF NEXT OF KIN</u>
.....
.....
PHONE	PHONE.....

SECTION B ACADEMIC DETAILS

INFORMATION BELOW FORMS THE BASIS OF YOUR ACADEMIC RECORD. ENSURE THAT YOU ARE REGISTERED FOR THE CORRECT DEPARTMENT AND FACULTY. THE DEPARTMENT AND FACULTY HAVE SIGNED BELOW TO CONFIRM THAT THE COURSES STATED BELOW ARE THE COURSES YOU WILL BE REGISTERED FOR DURING THIS ACADEMIC YEAR. PLEASE SIGN IN THE SPACE PROVIDED IF YOU APPROVE.

SEMESTER STARTS (DATE)..... **ACADEMIC YEAR OF STUDY(1,2,3,4,5 ETC)**.....

PROGRAMME:.....

CODE	COURSE/UNIT DESCRIPTION	DEPT (LCS, EGS etc)	FAC (EE/LS)

AMENDMENTS TO ANY OF THE ABOVE INFORMATION AFTER THE SUBMISSION OF THIS FORM MUST BE DONE BY PROPER COMPLETION OF THE STUDENTS RECORD AMENDMENT FORM AND SUBMISSION OF THIS FORM TO THE STUDENTS RECORD S/REGISTRATION OFFICE IN THE ADMINISTRATION BUILDING.

N.B. THE AMENDMENT FORM CAN BE OBTAINED FROM THE DEPARTMENT IN WHICH THE STUDENT IS REGISTERED.

I UNDERSTAND THAT I AM REGISTERED FOR THE ABOVE PROGRAMME, SUBJECTS, COURSES AND FOR THE EXAMINATIONS IN THEM, AND I AM EXPECTED TO ATTEND 80% CLASSES AND COMPLETE THE WORK IN THEM AS DIRECTED BY THE DEPARTMENT(S) CONCERNED. I MAY CHANGE DETAILS OF THIS REGISTRATION ONLY IF SUCH CHANGES ARE ACCEPTABLE TO THE DEPARTMENT(S) AND THE FACULTY OFFICE(S) CONCERNED ARE APPROVED BY THE ACADEMIC DEAN. NO SUCH CHANGES ARE PERMISSIBLE AFTER THE FIRST TWO WEEKS OF THE SEMESTER. I ACKNOWLEDGE THAT IN REGISTERING AS A STUDENT AT GWANDA STATE UNIVERSITY AND I BECOME SUBJECT TO THE RULES OF CONDUCT AND DISCIPLINE OF THE UNIVERSITY.

DATE..... **SIGNATURE**.....

BURSAR: **ALLOW / DO NOT ALLOW** SIGNATURE..... DATE.....

CHAIRPERSON OF DEPARTMENT: SIGNATURE..... DATE.....

DEAN OF STUDIES: SIGNATURE..... DATE.....



GWANDA STATE UNIVERSITY

Epoch Mine Campus, P. O. Box 30 **Filabusi**, Zimbabwe
Telephones: 263-84 2824720, 2824714 – 2824729

ADMISSIONS AND STUDENT RECORDS

UNDERTAKING AT REGISTRATION

NAME (PRINT):.....

STUDENT REGISTRATION NUMBER:.....

NATIONAL I.D NUMBER:.....

DEPARTMENT:.....

FACULTY:.....

I.....have read and understood the Rules of Student Conduct and discipline at GSU (Ordinance 30). I undertake to conduct myself while a student at this University in accordance with the rules and any amendments made thereto.

SIGNATURE DATE:



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ADMISSIONS AND STUDENT RECORDS

LIBRARY FORM

SURNAME:.....

FORENAME (IN FULL):.....

GENDER:

STUDENT REGISTRATION NUMBER:.....

NATIONAL IDENTITY NUMBER:.....

FACULTY:.....

PROGRAMME:.....

LEVEL OF STUDY (tick where applicable)

Undergraduate

Postgraduate

DURATION OF PROGRAMME (Month and Year)

...../20..... TO/20.....

HOME ADDRESS (a more permanent address is preferred)

.....

.....

TEL:.....**CELL:**.....

EMAIL.....

I.....hereby agree to
abide by the rules of the GSU Library, and to return all books borrowed by me by the due date stated.
I understand that I will be liable to pay replacement or repair cost of any books lost or damaged while
on loan to me.

SIGNATURE **DATE:**