



**GWANDA STATE UNIVERSITY**

Epoch Mine Campus, P. O. Box 30 **Filabusi**, Zimbabwe  
Telephones: 263-84-2824720, 2824714 – 2824729, Fax: 263-84 2824717

---

---

**ADMISSIONS AND STUDENT RECORDS**

---

---

**APPLICATION FOR CHANGE OF PROGRAMME**

1. NAME:.....

DEGREE PROGRAMME (Registered): .....

DEGREE PROGRAMME (Proposed):.....

2. Reason (S) for application to change the programme: .....

.....  
.....  
.....  
.....

3. Comments by the chairman of the department (registered) after consultations with the department (s)

.....  
.....

Approved/Not Approved

Signed .....Date: .....

4. COMMENTS BY THE CHAIRMAN OF THE DEPARTMENT (PROPOSED) AFTER CONSULTATIONS WITH THE DEPARTMENT (S)

.....  
.....

Approved/Not Approved

Signed .....Date: .....



**GWANDA STATE UNIVERSITY**

Epoch Mine Campus, P. O. Box 30 **Filabusi**, Zimbabwe  
Telephones: 263-84-2824720, 2824714 – 2824729, Fax: 263-84 2824717

---

---

**ADMISSIONS AND STUDENT RECORDS**

---

---

**5. COMMENTS BY THE DEAN OF THE FACULTY (REGISTERED) AFTER  
CONSULTATIONS WITH THE DEPARTMENT (S)**

.....  
.....

**Approved /Not Approved**

**Signed** .....**Date:** .....

**6. COMMENTS BY THE DEAN OF THE FACULTY (PROPOSED) AFTER  
CONSULTATIONS WITH THE DEPARTMENT (S)**

.....  
.....

**Approved/Not Approved**

**Signed:** .....**Date:** .....

**7. ASSISTANT REGISTRAR (ADMISSIONS AND STUDENTS RECORDS)**

.....  
.....

**Approved/Not Approved**

**Signed:** .....**Date:** .....