

Gwanda State University

Student Registration Form

(1) Student Records

(2) Faculty Office

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 No.....
 National I.D. No..... Phone No.....

<u>HOME ADDRESS</u>	<u>TERM ADDRESS / ROOM No</u>	<u>NAME AND ADDRESS OF NEXT OF KIN</u>
.....
.....
.....
.....
Phone	Phone	Phone.....

SECTION B ACADEMIC DETAILS

The 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. Sign in the space provided if this information is correct.

YEAR OF STUDY (PART 1,2,3,4,5).....SEMESTER (1 or 2).....

PROGRAMME:.....STUDY MODE (Conventional/Block Release.....

CODE	MODULE/UNIT DESCRIPTION	DEPARTMENT	FACULTY

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 and 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 I become subject to the Rules of Conduct and Discipline of the University.

Date.....

Signature.....

FOR OFFICIAL USE ONLY

Bursar: Allow / Do not allow	Signature.....	Date.....
Library:	Signature.....	Date.....
Chairperson of Department:	Signature.....	Date.....
Faculty Dean:	Signature.....	Date.....
Accommodation Officer:.....	Signature.....	Date.....
Admissions:.....	Signature.....	Date.....