



GWANDA STATE UNIVERSITY
ADMISSIONS AND STUDENTS RECORDS
APPLICATION TO REPEAT STUDIES FORM

Surname First Name(s)

Student No. Gender.....

Academic Year :.....Level

Faculty

Department

Programme

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

Address and Contact #

LIST OF MODULES TO BE REPEATED IN THE TABLE BELOW

<u>Module Name</u>	<u>Module Code</u>

Department Chairperson:.....Signature.....Date:.....

Faculty Dean:.....Signature.....Date:.....

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