

ADS04



Admissions and Students Records

Repeat Student Data Form

Surname First Name(s)

Registration No. Level Sex

Faculty

Department

Degree Programme.....

Address & Phone #

.....

Mode of Entry (**Tick Appropriate**) Conventional, Parallel or Block Release

LIST COURSES TO BE REPEATED IN THE TABLE BELOW

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

Departmental Chairperson Date

SAR – Admissions & Student Records Date

ADS04

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Corner Fife Street / 9TH Avenue
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