



GREAT ZIMBABWE UNIVERSITY
Academic Registry
Deputy Registrar's Office



DEFERMENT FORM

FULL NAME: -----

PROGRAM: -----

REG NUMBER-----PART: -----SEMESTER: -----ACADEMIC YEAR: -----

ADDRESS:-----

DATE: -----/-----/----- CELL: -----

DEAR SIR/MADAM

RE: APPLICATION TO DEFER STUDIES

CHAIRPERSON'S SIGNATURE: -----

DEAN'S SIGNATURE: -----

DEPUTY REGISTRAR ACADEMIC AFFAIR'S SIGNATURE: -----

Note: Applicants must attach a copy of the current tuition fees statement.