



GREAT ZIMBABWE UNIVERSITY REFUND REQUEST FORM

Bursary Department-Student Accounts Office
Email: studentaccounts@gzu.ac.zw

Contact Details : +263392266658
Extension Number: 1144/1152

TO BE COMPLETED BY STUDENT

Student Registration No.: _____ Full Name & Surname _____

Program: _____ Level of Study: _____

Contact Details Cell No: _____ Office No: _____ Email : _____	Postal Address _____ _____ _____
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REASON FOR REFUND

REFUND AMOUNT REQUESTED: _____

REFUND METHOD

BANKING DETAILS

Branch Code	
Bank Name	
Account Number	
Account Holder	
Branch	

DOCUMENTS & DETAILS REQUIRED

- Completed and signed refund form
- Proof of Payment/Student fees statement
- Banking Details

DOCUMENTS & DETAILS REQUIRED FOR DECEASED STUDENTS REFUND APPLICATIONS

- Death Certificate
- Parent Banking Details
- Student Fees Statement

STUDENT SIGNATURE: _____	DATE: _____
For office Use: Captured By: _____	 Date: _____
Approved By _____	Date: _____