



University of Zambia

## FORM FOR LODGING AN APPLICATION FOR READMISSION TO A PROGRAMME AFTER WITHDRAWING

### SECTION 1. PERSONAL DETAILS

|   |            |                       |            |
|---|------------|-----------------------|------------|
| <b>Surname:</b>   | Enter text | <b>Other name(s):</b> | Enter text |
| <b>Computer number:</b>   | Enter text |                       |            |
| <b>School:</b>  | Enter text |                       |            |
| <b>Programme:</b>   | Enter text |                       |            |
| <b>Date when withdrawal with permission was granted:</b>                  |            | Enter text            |            |
| <b>Date when withdrawal with permission was extended (if applicable):</b> |            | Enter text            |            |

Contact details for correspondence relating to your application (communication will be by email):

|                 |            |
|-----------------|------------|
| Email address:  | Enter text |
| Postal address: | Enter text |
|                 | Enter text |
|                 | Enter text |
| Telephone:      | Enter text |

### SECTION 3. REASONS WHY YOU WITHDREW WITH PERMISSION

click the relevant box(es):

- ☐ Medical Grounds
- ☐ Financial Grounds
- ☐ Academic Grounds
- ☐ Personal or Compassionate Grounds

#### SECTION 4. DETAILS OF THE APPLICATION

It is important that you submit evidence to show proof that the circumstances that led to you withdrawing with permission have improved sufficiently for you to resume studies.

The documents or certificates of fitness must be obtained from competent officials (such as the University Medical Officer if the student withdrew on medical grounds, or Social Welfare Officer if the student withdrew on account of financial challenges, etc.).

##### Detailed description of your claim

Enter text

##### Relevant third party evidence to support your application for re-admission

List the documents you are submitting with this form. Documentary evidence should be scanned and submitted electronically wherever possible. Please note that:

- (a) Evidence must be supplied in English. If the original is in another language, you must obtain and submit a **certified** copy in English.
- (b) The evidence should be dated.

Enter text

#### SECTION 5. CHECKLIST

Click box to select:

- ☐ I have read and understood the [‘Appeals Related To Re-admissions - Guidelines for Students’](#)
- ☐ I have provided on/with this form **all** the information that I wish to be consider in relation to my application

#### SECTION 6. DECLARATION

*By submitting this form: I declare that the above information is accurate and true; I confirm that the details of this application are complete and can be passed on to the relevant University staff considering this case; I confirm that I have included relevant third party documentary evidence to support my case (where applicable).*

## SECTION 7. SUBMISSION OF THE APPLICATION FORM

Submit the completed application form and supporting evidence to the email address given below to be received **before** the expiry of the appeal submission deadline. Appeals should be submitted electronically wherever possible.

**Date of submission:**

Enter text

**Submit the appeal by email to:** [dean.xxx@unza.zm](mailto:dean.xxx@unza.zm) (please obtain correct email address)

## SECTION 8: RESOLUTION OF THE APPEAL

### A. DEAN MAKES CONSULTATIONS RELATED TO THE APPLICATION FOR RE-ADMISSION AND NOTIFIES THE ACADEMIC OFFICE AND STUDENT

**Dean's comment:**

Enter text

Re-admission of applicant authorised

☐

Re-admission of applicant not authorised

☐

### B. ACADEMIC OFFICE NOTIFICATION

**Date of Receipt of Dean's Comments and Request:**

Enter text