



University of Zambia

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

SECTION 1. PERSONAL DETAILS

Surname:	Enter text	Other name(s):	Enter text
Computer number:		Enter text	
School:	Enter text		
Programme:	Enter text		
Date when withdrawal with permission was granted:		Enter text	
Date when withdrawal with permission was extended (if applicable):			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 (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