

ADS07



Lupane State University
Building Communities through Knowledge

Admissions and Students Records

Termination of Studies 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

I hereby request to terminate my studies

as from(date).

Reasons for Termination
.....

Department Chairperson:

Approved/Not Approved Date

Library

Approved/Not Approved Date

Student Accounts:

Signature Date

Students Records:

Signature Date

ADS07

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