



UNIVERSITY
of
LUSAKA

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PROGRAMME DEFERMENT FORM

OFFICIAL USE ONLY

Receipt No: _____

INSTRUCTIONS

- Please read through the form carefully before filling.
- Provide information where appropriate.
- Please write in **Block** Letters and Mark with an "X" where appropriate e.g ☒

STUDENT INFORMATION

Name: (Mr/Mrs/Ms/Dr/Prof): _____

STUDENT NUMBER: _____

PROGRAMME: _____

CURRENT STAGE: _____

MODE OF STUDY: _____

DEFER TO: JAN ☐ JUNE ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024

DATE: _____

REASON FOR DEFERMENT

CONTACT DETAILS

Telephone No: _____ Mobile Phone No: _____

Email Address: _____ Fax: _____

OFFICIAL USE ONLY

RECEIVED BY: _____

DATE: _____

APPROVED: _____

REJECTED: _____

DATE: _____

ACCOUNTS ADVISE

OFFICIAL USE ONLY

FORFEIT PAYMENT: YES ☐ NO ☐

FEE CHARGED:

AMOUNT TRANSFERED:

STAMP