



# KWAME NKRUMAH UNIVERSITY

## OFFICE OF THE REGISTRAR

P. O. BOX 80404, KABWE, ZAMBIA  
Website: [www.nkrumah.edu.zm](http://www.nkrumah.edu.zm)  
PHONE: 0973 726579/0953 909031  
TEL/FAX: 05-223223

Date: .....

The Headteacher/Principal

.....  
.....  
.....

**RE: SCHOOL EXPERIENCE – STUDENT NAME:**.....  
**KNU NUMBER:**..... **COURSE COMBINATION:**.....

With reference to the above mentioned subject, I wish to introduce to you the aforementioned as a Postgraduate student of Kwame Nkrumah University who would like to undertake School Experience at your institution from May 2021 to August 2021.

This exercise is one of the most important components of teacher training. Therefore, we would like the student teacher to be given adequate teaching load of not less than fourteen (14) periods per week.

The University would appreciate if you allowed our student to undertake School Experience at your institution. We look forward to your confirmation before the end of March 2021.

Your continued support in the provision of quality teacher training in the country is highly appreciated.

Chilombe Polity  
Registrar

**KWAME NKRUMAH UNIVERSITY**

**Copy:** Acting Deputy Registrar  
Acting Assistant Registrar – A & A

