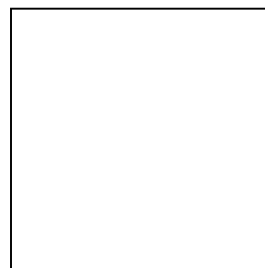


INTRA-UNIVERSITY TRANSFER APPLICATION FORM

(For Students on GOOD STANDING and WARNING)

SECTION A: (To be completed by the candidate)



1. NAME:.....CFB

SURNAME FIRST NAME MIDDLE NAME(S)
(FORMER SURNAME IF APPLICABLE)

2. MATRICULATION NUMBER:.....

3. YEAR OF ENTRY INTO THE UNIVERSITY:.....

4. MODE OF ENTRY: UME DE INTER-UNIVERSITY

5. DETAILES OF QUALIFICATIONS WITH WHICH CANDIDATE GAINED ENTRY INTO THE UNIVERSITY
(Attach Photocopy of Credentials)

6. PRESENT FACULTY:.....

7. PRESENT DEPARTMENT:.....

8. PRESENT DEGREE PROGRAMME:.....

9. YEAR OF ENTRY INTO PRESENT PROGRAMME IF DIFFERENT FROM 3 ABOVE

10. REASON FOR TRANSFER

11. CURRENT SESSION:.....(Please attach Official Academic Transcript)

12. FACULTY INTO WHICH TRANSFER IS SOUGHT:.....

13. DEPARTMENT INTO WHICH TRANSFER IS SOUGHT:.....

14. PROGRAMME INTO WHICH TRANSFER IS SOUGHT:.....
(NB. No Student can transfer beyond 200 Level)

15. SIGNATURE OF STUDENT:..... DATE:.....
(A student cannot transfer beyond 200 Level)

SECTION B:

GUIDANCE AND COUNSELLOR'S COMMENTS

SIGNATURE:.....**DATE:**.....

1. **COMMENTS AND RECOMMENDATION OF HEAD OF DEPARTMENT OF ORIGIN**

.....
.....

2. COMMENTS AND RECOMMENDATION OF DEAN OF FACULTY OF ORIGIN

.....
.....

3. COMMENTS AND RECOMMENDATION OF HEAD OF DEPARTMENT INTO WHICH CANDIDATE IS SEEKING TRANSFER (Please state clearly whether or not candidate meets your entry requirements and if so, the level of study at which you are able to accept him/her bearing in mind the guiding Senate regulations):

.....
.....

4. COMMENTS AND RECOMMENDATION OF DEAN OF FACULTY INTO WHICH CANDIDATE IS SEEKING TRANSFER.

.....
.....

SIGNATURE:..... DATE:

FOR ACADEMIC OFFICE USE: DECISION OF SENATE COMMITTEE ON SPECIAL ADMISSION