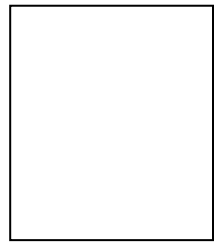


LAGOS STATE UNIVERSITY, OJO

Badagry Expressway, Ojo
P.M.B 0001, LASU Post Office
Lagos, Nigeria.

Website: www.lasu.edu.ng

E-Mail: admissions@lasu.edu.ng



Form Number

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APPLICATION FORM FOR INTER- UNIVERSITY TRANSFER

1. PERSONAL DATA

a. Name:..... Mr./Miss/Mrs.

First Name

Middle Name

Surname

(Attach proof if names have changed)

b. Contact Address:

c. Sex:..... d. Date of Birth:

e. Marital Status: f. Maiden Name:

(Married or Single)

(For Married Women Only)

g. State of Origin: h. Nationality:.....

(Nigerian Only)

(Non-Nigerian)

i. Local Government Area (Nigerians Only):.....

2. OTHER PERSONAL DATA

a. Name and Address of Parents/Guardians or Next of Kin:.....

b. Extra-Curriculum Activities (e.g. Sports/Hobbies):.....

c. Special Applicant: Mark 'X' in Relevant Box:

Blind

Deaf

Deaf & Dumb

Mature Student

Others (Specify)

3a. REASON(S) FOR TRANSFER

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

- 3b. (i) Year of Registration in Previous University:.....
- (ii) Previous Course:..... Department:..... Faculty:.....
- (iii) Degree in View:.....
- (vi) Last CGPA:.....
- (v) Previous Course:..... Department:..... Faculty:.....
- (vi) Proposed Level of Entry i.e. 200 or 300 Level:.....

4a. INSTITUTION ATTENDED WITH DATE

NAME OF INSTITUTION	PERIOD		QUALIFICATION OBTAINED
	From	To	

4b. ENTRY QUALIFICATION WITH DATE

S/N	EXAM: WASCE/NECO/NABTEB AND GCE O/LEVEL	
	EXAM NO: DATE	GRADE
1		
2		
3		
4		
5		
6		
7		
8		
9		

S/N	EXAM: WASCE/NECO/NABTEB AND GCE O/LEVEL	
	EXAM NO: DATE	GRADE
1		
2		
3		
4		
5		
6		
7		
8		
9		

****Attach a photocopy of the result(s)***

4c. UNIVERSITY MATRICULATION EXAMINATION SUBJECTS

CANDIDATE JAMB REGISTRATION NUMBER:.....

S/N	SUBJECTS	SCORES
A	USE OF ENGLISH	
B		
C		
D		
AGGREGATE SCORE		

****Attach Score Sheet***

Note: Admission letter, letter of attestation and Academic Transcripts from previous university must be sent to the office of the Registrar for consideration.

4d. QUALIFYING EXAMINATIONS PRIOR TO ADMISSION TO YOUR PRESENT UNIVERSITY

(A) SITTING 1			(B) SETTING 2		
EXAM TYPE (WAEC, NECO, NABTEB)			EXAM TYPE (WAEC, NECO, NABTEB)		
EXAM YEAR (MAY, JUNE, NOV/DEC)			EXAM YEAR (MAY, JUNE, NOV/DEC)		
EXAM CENTRE			EXAM CENTRE		
EXAM NUMBER			EXAM NUMBER		
S/N	SUBJECT	GRADE	S/N	SUBJECT	GRADE
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
<i>Exam Overall Result</i>			<i>Exam Overall Result</i>		

4e.

(C) HIGHER SCHOOL CERTIFICATE			(D) GCE ADVANCE LEVEL		
EXAM DATE			EXAM DATE		
EXAM CENTRE			EXAM CENTRE		
EXAM NUMBER			EXAM NUMBER		
S/N	SUBJECT	GRADE	S/N	SUBJECT	GRADE
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
Exam Overall Result			Exam Overall Result		

4f.

OTHER CERTIFICATES

S/N	NAME OF INSTITUTION	PLACE AND COUNTRY	REGISTRATION NO.	FROM	TO	QUALIFICATION OBTAINED <i>Degrees, Diplomas, Certificates (State Class of Degree) etc</i>

5. DOCUMENTS ENCLOSED

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

6. DECLARATION

I,hereby declare that all information given in this form is to the best of my knowledge and belief, correct. Any false or incomplete information given in this form will automatically disqualify me from being considered for inter-university transfer or from continuing with my course of study in the University. I shall accept as final, the decision of the University with regard to this application.

(Signature)

(Date)