

Form No: 0008



Academic Session:

**UMARU MUSA YAR'ADUA UNIVERSITY, KATSINA
OFFICE OF THE REGISTRAR
(ACADEMIC DIVISION)**

APPLICATION FORM FOR INTER-UNIVERSITY TRANSFER

NOTE:

- a) This form shall be filled by all candidates from other Universities wishing to transfer into Umaru Musa Yaradua University, Katsina
- b) The form is to be filled at the beginning of a session into which the transfer is being sought
- c) Inter-University Transfer fee of N25,000.00 is charged per application and payment is to be made only after approval of the application;
- d) The transfer is subject to availability of space in the department being sought for;
- e) Transcript and/or examinations record (indicating the courses offered, their credit loadings and scores/grades obtained) of the applicant for the University he/she is transferring from is to be attached to the application;
- f) Results slip for SSCE/NECO and UTME obtained by the applicant to secure admission into the University he/she is transferring from is to be attached to this application;
- g) Candidates are to fill sections (a) to (c) and submit the completed form to the Registrar.

SECTION A (Particulars of the Applicant)

- 1. Surname:.....Other Names.....
- 2. University Transferring from:.....
- 3. JAMB Reg. No.....University Matriculation No.....
- 4. Faculty:.....Dept.....Course.....
- 5. JAMB Reg. No.:.....UTME Score.....Session Admitted.....
- 6. Contact Address (including email & Phone No.).....
.....
- 7. State of Origin.....Local Govt. Area.....

18. Kindly provide reason(s) for your objection.....
.....

Name:

Signature & Stamp:

Date:

SECTION D: (Comments of HOD of the Dept. Transferring into)

19. Do you object to the application of the candidate for transfer into your Department?

20. Kindly provide reason(s) for your objection.....
.....

21. Based on the results of the applicant, I recommend his transfer into the following level for the reason(s) for your objection.....
.....

Name:

Signature & Stamp:

Date:

SECTION E: (Comments of Dean of the Faculty Transferring into)

22. Do you object to the application of the candidate for transfer into your Faculty?

23. Kindly provide reason(s) for your objection.....
.....

24. I object to the recommendation in (21) above on the following ground(s).....
.....

25. Based on (24) above, I recommend that the candidate should be placed in the following level for the following reason(s).....
.....

Name:

Signature & Stamp:

Date:

SECTION F: (Comments of the Registrar)

26. I object/do not object to the application of the candidate for inter-University transfer to this University on the following grounds.....
.....
.....

SECTION G: (Recommendations of the Deputy Vice Chancellor, Academic)

27. I recommend for the Vice Chancellor's approval of inter-University transfer of the candidates as detailed below:

Faculty.....

Department.....

Course.....

Level.....

Academic Session.....

Name:

Signature & Stamp:

Date:

SECTION G: (Approval of the Vice Chancellor)

28. Recommendations in (27) approved/Not approved for the following reason(s).....

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.....

Vice Chancellor's Signature:

Date: