

Form No: \_\_\_\_\_



Academic Session: \_\_\_\_\_

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

**APPLICATION FORM FOR INTRA-UNIVERSITY TRANSFER**

**NOTE:**

- a) This form shall be filled by bona fide students of Umaru Musa Yar'adua University on good academic standing (with CGPA of at least 1:00) but wishing to transfer to another course within the University;
- b) Transfer within the same Faculty is allowed only at 200 level;
- c) Transfer from one Faculty to another is also allowed only at 200 level but an applicant must be on a CGPA of at least 2.40;
- d) An application fees of ₦5,000.00 (Five thousand Naira) only is to be paid before obtaining this form;
- e) The transfer is subject to availability of space in the Department being sought for;
- f) Examinations record (indicating the courses offered, their credit loadings, scores/grades and CGPA obtained) of the applicant is to be attached to the application;
- g) Results slip for SSCE/NECO obtained by the applicant to secure admission into the University is to be attached to this application;
- h) 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. JAMB Reg. No..... UTME Score:..... Session Admitted:.....
3. Faculty:.....Dept.....Course.....
4. University Matriculation No.....
5. Contact Address (including email & Phone No.).....  
.....
6. State of Origin.....Local Govt. Area.....
7. Faculty into which transfer is being sought.....
- Department: .....Course: .....CGPA: .....

8. Reason(s) why the Transfer is being sought for.....  
 .....  
 .....  
 .....

9. Provide in the Table below, a summary of your academic records in the last two (2) semesters:

Session	Department	Semester	Total Credits Earned	CGPA Obtained

**Note:** Details of Course Units, Credit Loadings, Scores and Grades are to be provided on the Transcript/Academic Records to be attached to this application

**SECTION B: (Comments of HOD of the of the Releasing Department)**

10. Please Comment on the academic standing of the candidate in the Department.....  
 .....  
 .....

11. Do you object to the application of the candidate for transfer away from your Department?

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

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Signature & Stamp:**

\_\_\_\_\_  
**Date:**

**SECTION C: (Comments of Dean of the Releasing Faculty)**

13. Please Comment on the academic standing of the candidate in the Faculty?.....  
 .....  
 .....

14. Do you object to the application of the candidate for transfer away from your Faculty?

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

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Signature & Stamp:**

\_\_\_\_\_  
**Date:**

**SECTION D: (Comments of HOD of the Accepting Department)**

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

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

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

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Signature & Stamp:**

\_\_\_\_\_  
**Date:**

**SECTION E: (Comments of Dean of the Accepting Faculty)**

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

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

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

22. 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)**

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

\_\_\_\_\_  
**Registrar's Signature & Stamp:**

\_\_\_\_\_  
**Date:**

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

**24.** 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)**

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

\_\_\_\_\_  
**Vice Chancellor's Signature:**

\_\_\_\_\_  
**Date:**