Form No:		Academic Session:

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

APPLICATION FORM FOR INTER-UNIVERSITY TRANSFER (SCHOOL OF CONTINUING EDUCATION)

NOTE:

a) This form shall be filled by all candidates from other Universities wishing to transfer into School of Continuing Education (SCE), Umaru Musa Yar'adua University, Katsina.

b) Applicants are to purchase Inter-University Transfer Application Form at the cost of ₦5,000.00. Payment should be made online via the University portal and the receipt be submitted to the School Secretary.

c) The form is to be filled **at the beginning of a session** into which the transfer is being sought.

d) Inter-University Transfer Acceptance fee of ₦25,000.00 is charged per application and payment is to be made only after approval of the application.

e) The transfer is subject to availability of space in the Programme being sought for.

f) Transcript and/or examinations record (indicating the courses offered, their credit loadings and scores/grades obtained) of the applicant from the University he/she is transferring is to be attached to the application.

g) All O'level / A'level results/certificates obtained by the applicant should be attached to this application.

h) Candidates are to fill Section A and have Sections B to C filled by the relevant authorities, and submit the completed form to the Secretary, School of Continuing Education, UMYU.

i) Based on NUC guideline, candidates must spend at least 50% of their programme duration at SCE UMYU.

SECTION A: Particulars of the Applicant

1. Surname: ..... Other Names: .....,,,,,.,,,,.....

2. University Transferring from: .....

3. JAMB Regularization No. (if available): ..... University Matriculation No.: .....

4. Faculty: ..... Dept.....

5. Course: ..... Session Admitted.....

6. Contact Address (including email & Phone No.): .....

.....

7. State of Origin: ..... Local Govt. Area: .....

8. Department of Choice in SCE Umaru Musa Yar'adua University: .....

9. Course of Choice in SCE Umaru Musa Yar'adua University: .....

10. Reason(s) why the transfer is being sought for: .....

.....

.....

11. Provide in the table below, a summary of your academic records in the University you are transferring from:

University	Department	Course / Programme	Session	Total Credit Registered	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 University Transferring from

12. Please comment on the academic standing of the candidate in the department: .....

.....

13. Do you object to the application of the candidate for transfer away from your department? .....

14. If yes, kindly provide reason(s) for your objection: .....

.....

.....

_____ _____ _____

Name of HOD **Signature & Stamp** **Date**

SECTION C: Comments of Dean of the University Transferring from

15. Please comment on the academic standing of the candidate in the faculty: .....

.....

.....

16. Do you object to the application of the candidate for transfer away from your faculty? .....

17. If yes, kindly provide reason(s) for your objection: .....

.....

.....

_____	_____	_____
Name of Dean	**Signature & Stamp**	**Date**

SECTION D: Comments of HOD of the Accepting Department in SCE UMYU

18. Do you object to the application of the candidate for transfer into your department? .....

19. If yes, kindly provide reason(s) for your objection: .....

.....

.....

20. Based on the results and other documents of the applicant, I therefore recommend his/her transfer into

..... level for the following reason(s): .....

.....

.....

_____	_____	_____
Name of HOD	**Signature & Stamp**	**Date**

SECTION E: Comments of Director, School of Continuing Education UMYU

21. Do you object to the application of the candidate for transfer into your School? .....

22. Based on (21) above, I recommend / object the candidate based on the following reason(s):

.....

.....

_____	_____	_____
Name of Director	**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 the School of Continuing Education, Umaru Musa Yar'adua University, based on the following grounds: .....

.....

.....

_____	_____	_____
Name of Registrar	**Signature & Stamp**	**Date**

SECTION G: Recommendations of the Deputy Vice Chancellor, Academics

24. I recommend for the Vice Chancellor's approval of inter-University transfer of the candidate into the School of Continuing Education based on the details below:

Department: ..... Unit: .....

Course: ..... Level.....

Academic Session: .....

_____	_____	_____
Name of DVC (Academics)	**Signature & Stamp**	**Date**

SECTION H: Approval of the Vice Chancellor

25. Recommendations in (24) approved/not approved for the following reason(s): .....

.....

.....

_____	_____
Vice Chancellor's Signature	**Date**