Form No:		Academic Session:

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

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

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 Programme in the School of Continuing Education SCE).

b) Applicants should note that intra-university transfer is only acceptable at 200 level, subject to fulfilling the requirements of the receiving department/programme.

c) Students on probation, who wish to transfer to the SCE, may apply but should note that they will be placed at 100 level for those admitted through UTME or 200 level for those admitted through DE.

d) Transfer within the same Department in the SCE is allowed only at 200 level, subject to fulfilling requirements of the receiving programme, and must be on the CGPA of at least 2.40.

e) Transfer from one Department to another in the SCE is also allowed only at 200 level, subject to fulfilling requirements of the receiving department, and must be on the CGPA of at least 2.40.

f) Applicants are to purchase Intra-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 SCE Secretary.

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

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

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

j) Examination records (indicating the courses offered, their credit loadings, scores/grades and CGPA obtained) of the applicant is to be attached to the application.

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

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

<u>SECTION A:</u> Particulars of the Applicant

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

2. UTME/ Regularization No,: ..... University Matriculation No.: .....

3. Faculty: ..... Dept.....

4. Course: ..... Session Admitted.....

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

.....

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

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

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

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

.....

.....

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

Department	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 Releasing Department

(This section is for all candidates, both those transferring from regular programme to the School and those within the School)

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

.....

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

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

.....

.....

_____ _____ _____

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

SECTION C: Comments of Dean of the Releasing Faculty

(This section is only for those candidates transferring from regular programme to the School)

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

.....

.....

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

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

.....

.....

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

SECTION D: Comments of HOD of the Accepting Department

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

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

.....

.....

19. 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

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

21. 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

22. 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

23. I recommend for the Vice Chancellor's approval of inter-University transfer of the candidates into the School of Continuing Education as detailed below:

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

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

Academic Session: .....

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

SECTION H: Approval of the Vice Chancellor

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

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