

INTER UNIVERSITY TRANSFER APPLICATION FORM

NOTES: (a) Completed form must reach the Registry not later than two weeks after purchase otherwise it will not be treated.

- (b) Only in exceptional cases would the University approve inter University transfer.
- (c) If it is discovered at any time that any false or misleading information has been stated on this application or given in connection with this application, the application will be disqualified and he/she may be required to withdraw from the University.

1.	(a) Name (of Student: .	AFE BABAI				
	(a) Haire	or Staderic .	(Surn <mark>ame)</mark>	*		(Other Names)	
	(b) Present	Postal Addı	ress:				
2.	Reason (s)	for transfer	ı				
3.	(a)(i) Nam	e ofPreviou	s Higher Insti <mark>tu</mark>	tion Attende	ed:		
	(ii) Ye	ear of regists	ration in previou	s University	7 :		
	(iii) Pi	revious Cour	rse:				
	(iv) La	ast CGPA:					
	(v) D	egree in viev	w:				
	(vi) Pi	roposed Coll	ege and Departr	nent:			
4.	` '	Qualification		Terrina Fig.			

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(b) UTM EXAMINATION DETAILS(COMPULSORY)

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ANY FALSE DECLARATION RENDERS THIS FORM/ADMISSION INVALID

Date

Registrar's Signature.