AFE BABALOLA UNIVERSITY ADO-EKITI
Km 8.5, Afe Babalola Way,
P.M.B. 5454, Ado-Ekiti,
Ekiti State, Nigeria.

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: ....
 (Surname)   (Other Names)
 (b) Present Postal Address: ....
2. Reason(s) for transfer: ....
....
....
3. (i) Name of Previous Higher Institution Attended: ....
  (ii) Year of registration in previous University: ....
  (iii) Previous Course: ....
  (iv) Last CGPA: ....
  (v) Degree in view: ....
  (vi) Proposed College and Department: ....
  (vii) Student Phone Number: ....

4. (a) Entry Qualification with Date:

Details Of O' Level Results

Examination:	
Year of Examination:	
Reg. Number:	
Subject(s)	Grade

Details Of O' Level Results

Examination:	
Year of Examination:	
Reg. Number:	
Subject(s)	Grade

(b) **UTM EXAMINATION DETAILS(COMPULSORY)**

Subject(s)		Score
UTME Login e-Facility Email:		
UTME Login e-Facility Password:		
Registration Number:		
Year of Examination:		
Subject(s)		Score
1	Use of English	
2		
3		
4		
	Aggregate	

Note that the UTME Login e-Facility email and password required are the details used by Candidates while registering on JAMB e-Facility Portal .

NEXT OF KIN

A. Name:_____

B. Place of Work:_____

C. Nature of Work:_____

D. Relationship:_____

E. Phone Number:_____

F. Contact Address:_____

_____

G. Signature/Date:_____

NOTE: Attach photocopies of O'Level Results/Offical Academic Transcript/JAMB Result/JAMB online Admission Letter/Previous Institution Admission Letter/Birth Certificate and Receipt of purchase.

FOR OFFICIAL USE ONLY

HEAD OF DEPARTMENT RECOMMENDATION:

I support (   ) / I do not support (   ) the candidate's admission.

Comment(s)	
Level Recommended	
Name/Signature/Date	

PROVOST'S RECOMMENDATION:

I support (   ) / I do not support (   ) the candidate's admission.

Comment(s)	
Level Recommended	
Name/Signature/Date	

REGISTRAR'S COMMENT(S):

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Date   Registrar's Signature.

ANY FALSE DECLARATION RENDERS THIS FORM/ADMISSION INVALID