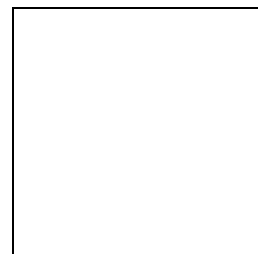




**AFE  
BABALOLA  
UNIVERSITY  
ADO-EKITI (ABUAD)**

KM. 8.5, AFE BABALOLA WAY,  
ADO-EKITI, EKITI STATE, NIGERIA.  
P.M.B 5454 ADO-EKITI.



## **INTER UNIVERSITY TRANSFER APPLICATION FORM**

**(To be completed in Triplicate by the Applicant)**

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. (a) (i) Year of registration in previous University: .....

(ii) Previous Course: .....

(iii) Last CGPA: .....

(iv) Degree in view: .....

(v) Proposed College and Department: .....

4. (a) Entry Qualification with Date:

EXAM: WASCE/NECO/SSCE	GRADE
Exam No: Date:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

EXAM: WASCE/NECO/SSCE	GRADE
Exam No: Date:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	


❖ Attach a photocopy of the result(s)

(b) University Matriculation Examination Subjects

SUBJECTS	SCORES
(a) Use of English	
(b)	
(c)	
(d)	
<b>Aggregate Score</b>	

❖ Attach score sheet.

**NOTE: Transcripts, Admission Letter and Letter of Attestation from previous University must be sent to the Office of the Registrar for consideration.**



.....  
Date

.....  
Signature of Student

**FOR OFFICE USE**

I support/ do not support the proposed change of University.

.....  
Date

.....  
HOD's Signature.

I support/ do not support the proposed change of University.

.....  
Date

.....  
Provost of College's Signature.

I support/ do not support the proposed change of University.

.....  
Date

.....  
Registrar's Signature.