COURSE TRANSFER FORM

PART A - To be filled by the Student

Name of Student ..................................................  Adm. Number...........................................
Year of study .....................................................  Semester ..................................................
Course admitted to .................................................................
Course to transferring to .............................................................
Reason for the transfer ................................................................

Signature..........................................................  Date..................................................

PART B - Recommendation by the Current School

i) Head of Department

Recommended/Not recommended

Name..................................................  Signature.............  Date.............

ii) Dean of School

Recommended/Not recommended

Name..................................................  Signature.............  Date.............

PART C - Recommendation by School Transferring To

Head of Department

Recommended/Not recommended

Name..................................................  Signature.............  Date.............

ii) Dean of School

Recommended/Not recommended

Name..................................................  Signature.............  Date.............

PART D - Approval by Academic Registrar

Approved/Not approved

Name..................................................  Signature.............  Date.............

PART E - Admissions Office

If transfer approved:
New registration number.................................................................

CC.  Dean of School, Finance Office, Admissions Office, Student Registry, Examinations & Timetabling.