



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.....