



YUSUF MAITAMA SULE UNIVERSITY, KANO

SCHOOL OF POSTGRADUATE STUDIES (SPS)

SPS/ADM/007/V.I

Receipt No.....

APPLICATION FOR INTER UNIVERSITY TRANSFER

FOR-----SESSION

Note that: The first step towards successful application is proper completion of the application form.

Part 1 (To be completed by the Applicant)

a) Personal Particulars:

1. Name:.....
(FIRST NAME) (MIDDLE NAME) (SURNAME)
2. Date of Birth:.....3. Sex.....4. Place of Birth.....
5. Marital Status.....6. Blood Group.....7. Nationality:.....
8. State of Origin (If Nigerian):.....9. Local Government.....
10. Permanent Home Address:.....
11. Correspondence Address: (if different from 10 above).....
12. Present Postal Address:.....
13. Present Institution:.....
14. Registration Number:.....
15. Present Course of Study..... Year.....
16. Proposed Course of study..... Year.....
17. Reason for the Transfer:.....
18. Last CGPA:.....
19. Name of Next of Kin:.....
20. Address of Next of Kin:.....
21. Telephone/GSM No (Next of Kin).
22. Extra Curriculum Activities:.....

NB: Please attach all relevant credentials

b) Academic and Other Details

23. Schools and Colleges attended

S/N	Name & Address of School/College	From	To	Certificate Obtained
1.				
2.				
3.				
4.				
5.				

c) O/ Level Examination Result:

First Sitting

Second Sitting

Examination Name:.....

Examination Name:.....

Examination Centre:.....

Examination Centre:.....

Examination Number:.....

Examination Number:.....

Month & Year:.....

Month & Year:.....

S/N	Subjects	Grade

S/N	Subjects	Grade

d) Declaration:

Part II Declaration

I hereby declare that I wish to transfer to Yusuf Maitama Sule University, Kano and that the particulars given on this form are to the best of my knowledge correct and that if my application is approved, I shall regard myself bound by the ordinances, statutes and regulations of the University and that if at any time the University is not satisfied with any of the information I have given on this form either being false or incomplete, I will be required to withdraw from the University or be liable for prosecution or both.

Signature

Date

e) Applicant Note:

You should request your last Institution to forward an official copy of your academic transcript directly to: -

The Dean,
School of Postgraduate Studies,
Yusuf Maitama Sule University,
P.M.B 3220, Kano

f) Photocopy of receipt of payment should be attached

Part III (To be completed by your present Institution)

Is He/She withdrawn from your Department? Yes No

HEAD OF DEPARTMENT

Recommendation:.....

.....

Name:.....Signature:.....Date/Stamp.....

SECRETARY, SCHOOL OF POSTGRADUATE STUDIES

Comments/Recommendations.....

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Name:.....Signature.....Date/Stamp.....

Part IV (To be completed by Yusuf Maitama Sule University, Kano)

HEAD OF DEPARTMENT (for which transfer is being applied)

Recommendation:.....

.....

Name:.....Signature:.....Date/Stamp.....

SECRETARY, SCHOOL OF POSTGRADUATE STUDIES (SPS)

Comments/Recommendations

.....

Name:.....Signature.....Date/Stamp.....

DEAN, SCHOOL OF POSTGRADUATE STUDIES (SPS)

Comments/Recommendations

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Name:.....Signature.....Date/Stamp.....

Part V.

APPROVAL OF THE CHAIRMAN, SPS BOARD

Name:.....Signature:.....Date/Stamp.....