



DOMINICAN UNIVERSITY IBADAN
INTER-UNIVERSITY TRANSFER
APPLICATION FORM

NOTES:

- a. The completed form must reach the Registry not later than two weeks after purchase otherwise it will not be treated.
- b. 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 Candidate:

.....
(Surname) (Other Names)

(b) Present Home Address:

.....

2. Reason(s) for transfer:

.....
.....

3. (i) Name of Previous Higher Institution Attended:

.....

a. Year of registration in previous University:

b. Previous course:

c. Last CGPA:

d. Degree in view:

e. Proposed Faculty and Department:

f. Candidate's Email:

4. Entry Qualification with Date

Examination:		
Year of Examination:		
Reg. Number:		
Subjects	Grade	

Examination:		
Year of Examination:		
Reg. Number:		
Subjects	Grade	

(b) UTM EXAMINATION DETAILS (COMPULSORY)

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. Email of Next of Kin: _____
- H. Signature/Date: _____

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

HEAD OF DEPARTMENT RECOMMENDATION:

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

Comment(s)	
Level Recommended	
Name/Signature/Date	

DEAN OF FACULTY 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