Appl. No: AAF/23/24/

Upload

Passport Photo

## **UNIVERSITY OF LAGOS**

## APPLICATION FORM FOR INTER/INTRA-FACULTY TRANSFER

## Part I

(To be completed by Applicant)

1.	PERS	ONAL DATA	
	i.	Surname	М
	ii.	Other names:	
	iii.	Date of Birth:DD/MM/YY	
	iv.	GSM Noe-Mail:	
2.	ACAE	DEMIC DETAILS	
	i.	Matriculation No:	
	ii.	Current Faculty:	
	iii.	Current Department:	
	iv.	Course/Programme of Study	
	٧.	Level of Study	
	vi.	Mode of Entry	
	vii.	Current CGPA	
	viii.	Current Academic Status: Good Standing/Warning/Probation/Withdrawn	
	ix.	Subjects credited at WAEC/NECO	
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		•	
		•	

x. Reason for change: xi. Proposed Faculty: xii. Proposed Department: xiii. Have you changed Course/Programme before? YES or NO xiv. If yes: Faculty: Course/Programme:  Please Turn Over  2  3. DECLARATION: I declare that the above statements are true to the best of my knowledge and belief and that I have deared the proposed change with my sponsor.  Signature: Date:  Please note that:  There are restrictions on the type of transfer permitted, and candidates are advised to study very carefully the permissible areas of transfer and ensure that the proposed Department/Faculty will grant permit. This form is to be filled in QUADRUPLCATE and SUBMITTED to the Academic Affairs Office, 6 <sup>th</sup> Floor, Senate House, UNILAG, Akoka on or before MONDAY, JULY 17, 2023.  Part II  COMMENTS OF THE PRESENT HEAD OF DEPARTMENT:  Date:  Dat		
xii. Proposed Department: xiii. Have you changed Course/Programme before? YES or NO xiv. If yes:  Faculty:	х.	Reason for change:
xiii. Have you changed Course/Programme before? YES or NO xiv. If yes:  Faculty:	xi.	Proposed Faculty:
Faculty:	xii.	Proposed Department:
Faculty:	xiii.	Have you changed Course/Programme before? YES or NO
Course/Programme:	xiv.	If yes:
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Signature:	3.	<b>DECLARATION:</b> I declare that the above statements are true to the best of my knowledge and belief and that I have
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Name:		Part II
COMMENTS OF THE PROPOSED HEAD OF DEPARTMENT:  Name:	сомм	ENTS OF THE PRESENT HEAD OF DEPARTMENT:
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Name:	J	re:Date:
	сомм	re: Date:
Signature: Date:		
		ENTS OF THE PROPOSED HEAD OF DEPARTMENT:

COMMENTS/RECOMMENDATIONS OF THE DEAN OF THE PRESENT FACULTY:				
Name:				
Signature: Date:				
COMMENTS/RECOMMENDATIONS OF THE DEAN OF THE PROPOSED FACULTY:				
Name:				
Signature:Date:				