

**UNIVERSITY OF IRINGA
ADMISSIONS OFFICE**



**INTER-UNIVERSITY TRANSFER APPLICATION FORM
(From one university to another)**

(To be filled in duplicate and attach COPIES of Form IV(s), VI(s), AVN and Admission Letter)

A. PERSONAL RECORDS:

1. Academic Year:Year of StudyLevel.....
2. First Name (*As in your IV Certificate*):
3. Second Name (*As in your IV Certificate*):.....
4. Surname (*As in your IV Certificate*):.....
5. Gender:
6. Form Four (IV) Index Number: year
7. Other Form Four (IV) Index Number: year
8. Form Six (VI) Index Number:year.....
9. Other Form Six (VI) Index Number: year
10. Award verification number (AVN):year
11. Previous Institution:.....
12. Programme Admitted
13. Current Institution.....
14. Email address: Mobile Number:.....
15. **Reason for Transfer**
.....
.....

B. DECLARATION

I declare that the information and documents provided are true and correct to the best of knowledge

Signature **Date**.....

C. APPROVAL DECISION (To be completed by the authorizing officer)

- a) I approve / deny the above request
- b) If denied give reasons

Name

Signature

Designation

Date20.....

NOTE:

- *The transfer will be conducted within two weeks from the date of opening the University.*
- *Admission status, Qualifications and Capacity of the programme will be the factors under considerations.*
- *The applicant must attach his/her academic certificate(s) and admission letter/Release letter from the previous institution.*