



STUDENTS TRANSFER FORM

N.B - You are required to instruct your present institution to forward the transcript of your academic record directly to the Registrar office, Trinity University, Yaba, Lagos.

SECTION A – BIODATA

Surname: _____

Other Names: _____

Date of Birth: _____

Gender: Male Female

Nationality: _____

State of Origin: _____

Local Government Area: _____

Email Address: _____

Home Address: _____

Name of Parent/Guardian: _____

**Affix
Passport**

SECTION B – SECONDARY SCHOOL EXAMINATIONS RESULTS

Name of Secondary School: _____

Name of Examination: _____

Date: From: _____ To: _____

Registration/Examination Number: _____

Subjects	Result



SECTION C – PRESENT UNIVERSITY INFORMATION

UNIVERSITY EDUCATION

Present Programme: _____

Present Department: _____

Current Level: _____

Current CGPA: _____

Faculty: _____

Reason for desiring to transfer from your present University:

SECTION D – UNIVERSITIES ATTENDED WITH DATES

Name of Institution	Location	Course	Faculty	From	To	Certificate Obtained

SECTION E – SECONDARY SCHOOLS ATTENDED WITH DATES

School	From	To

SECTION F – FACULTY/DEPARTMENT/DEGREE TRANSFERRING TO

Faculty: _____

Department: _____

Programme : _____

Level: _____

SECTION G – REFEREE: GIVE THE NAMES AND ADDRESSES OF TWO REFEREES, ONE OF WHOM SHOULD BE ONE OF YOUR LECTURERS IN PRESENT UNIVERSITY?

S/N	Name	Address	eMail

SECTION H – DECLARATION

I _____ hereby declare that I wish to enroll at **Trinity University, Yaba, Lagos**, and that particulars given herein are to the best of my knowledge and belief correct.

Signature

Date

Trinity University, Yaba, Lagos.