



1, FFF ROAD, Off Alara Street, Near Queen's College, Yaba, Lagos.

www. trinityuniversity.edu.ng

APPLICATION FOR INTER/INTRA FACULTY TRANSFER

SESSION

A. To be completed by Student

1. Name of Student
 2. Matric. No Level
 3. Telephone No
 4. Faculty..... Department
 5. Course of Study
 6. Proposed Faculty Department
 7. Proposed Course of Study
 8. Student Academic Records: CGPA (Attached Statement of Results)
 9. Reason for Transfer.....
.....
.....
- Signature..... Date.....

B. To be completed by University Officials

1. Comments by the Head of the Department.....
.....
Signature..... Date.....
2. Comments by the Dean of the Faculty.....
.....
Signature..... Date.....
3. Recommendations by the Head of the Proposed Department.....
.....
Level: Signature:
4. Comments by the Dean of the Proposed Faculty:
.....
Signature: Date:
5. Four (4) copies of completed form to Registrar's Office for processing for Senate's consideration and approval.

*** This form attracts ₦5,000 (Five Thousand Naira) only.**