

UNIVERSITY OF BENIN  
BENIN CITY, NIGERIA



Affix a current Passport  
Photograph

**INTER DEPARTMENTAL TRANSFER FORM, 2023/2024 ACADEMIC SESSION  
(TO BE COMPLETED IN DUPLICATE AND SUBMITTED TO THE EXAMS AND RECORDS DIVISION)**

NOTE: FULLTIME INTER-DEPARTMENTAL TRANSFER IS A PRIVILEGE, NOT A RIGHT. STUDENTS WITHOUT GENUINE AND ACCEPTABLE REASONS OR WHO HAVE PREVIOUSLY TRANSFERRED FROM ANOTHER DEPARTMENT ARE NOT ELIGIBLE FOR TRANSFER.

**SECTION A:**

1. Surname of student .....  
Middle Names: .....  
First Name: .....
- (a) Mat. No. .... Tel. No. ....  
(b) Mode of Entry:  
UME (State Score): .....  
Direct (State Grades): .....

- (c) List Subjects Credited at 'O' Level:.....  
(Photocopies to be attached)
- |           |           |
|-----------|-----------|
| (1) ..... | (6) ..... |
| (2) ..... | (7) ..... |
| (3) ..... | (8) ..... |
| (4) ..... | (9) ..... |
| (5) ..... |           |

2. NAME OF FACULTY: .....
- I wish to change from the Department of .....  
Programme (if applicable).....  
To the Department of .....  
Programme (if applicable).....  
And I am in .....level this session.  
Have you transferred before? Yes/No .....
- If yes, state year of transfer.....

3. Reasons for wishing to change Department/Course:  
.....  
.....  
.....

Signature of Student:.....

Date:.....

**SECTION B: TO BE COMPLETED BY EXAMS AND RECORDS DIVISION BASED ON 2022/2023 RESULT.**

- (a) Credits Passed:.....
- (b) Credits Failed:.....
- (c) Category/Summary of result as contained in result approved by Senate:.....

.....  
Deputy Registrar

**SECTION C: CONFIDENTIAL REPORTS BY DEPARTMENTS CONCERNED AND THE DEAN:**

- 2. COURSES TAKEN LAST SESSION: (TO BE COMPLETED BY THE FACULTY REPRESENTATIVE IN CONSULTATION WITH THE COURSE ADVISER (Please seek the assistance of the Faculty Examinations Officer)

**Session:**.....

**1ST SEMESTER**

S/NO.	Course No. or Code	Title of Course	Credits Units	Grade	Resit Exam. (Grades)
1					
2					
3					
4					
5					
6					
7					
8					
9					

**2ND SEMESTER**

S/NO.	Course No. or Code	Title of Course	Credits Units	Grade	Resit Exam. (Grads)
1					
2					
3					
4					
5					
6					
7					
8					
9					

5. Releasing Faculty Representative's comments: (**Faculty Representative is advised to make appropriate consultations with the Head of Department before completing this section**).

I am willing/not willing to release the candidate because:

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.....  
Name of Faculty Representative

.....  
Faculty Representative's  
Signature

.....  
Date

6. Comments of releasing Department's HOD:

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.....  
HOD's Name

.....  
HOD's Signature

.....  
Date

7. Proposed Faculty Representative's Comments: (**Faculty Representative is advised to make appropriate consultations with the Dean of Faculty/School before completing this section**).

I am willing/not willing to accept the candidate because:

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.....  
Name of Faculty Representative

.....  
Faculty Representative's  
Signature

.....  
Date

8. Dean's Comments:

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Dean's Signature

.....  
Date

**SECTION D:** Decision(s) taken by the Central Committee:

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.....  
Chairman's Signature

.....  
Date