

**UNIVERSITY OF BENIN  
BENIN CITY, NIGERIA**



**INTER-FACULTY TRANSFER:  
2023/2024 ACADEMIC SESSION  
APPLICATION FORM**

*Affix Current Passport Photograph*

**NOTE:** FULL-TIME INTER-FACULTY TRANSFER IS A PRIVILEGE, AND NOT A RIGHT. STUDENTS WHO HAVE PREVIOUSLY TRANSFERRED FROM ANOTHER FACULTY/SCHOOL ARE NOT ELIGIBLE FOR TRANSFERS.

*TO BE COMPLETED BY STUDENT IN DUPLICATE AND  
TO EXAMS AND RECORDS DIVISION*

*SUBMITTED*

**SECTION A:**

1. Surname of Student .....  
Middle Names:.....  
First Name:.....
2. Tel. Number:.....
3. Mode of Entry:  
    UME (*Indicate Scores*).....  
    Direct Entry (*Indicate Grades*).....
4. Subjects Credited at WASC O' Level :(*Photocopies to be attached*).....  
Photocopies to be attached;  
    (1) ..... (6) .....  
    (2) ..... (7) .....  
    (3) ..... (8) .....  
    (4) ..... (9) .....  
    (5) .....
5. Matriculation No.:.....
6. a) Present Faculty/School:.....  
    b) Present Department and Programme (if applicable):.....
7. Present Level:.....
8. Courses Taken Last Session: (*Course code only*)  
    First Semester: .....  
    .....  
    .....  
    Second Semester: .....  
    .....  
    .....  
    .....





**TO BE COMPLETED BY EXAMS & RECORDS DIVISION**

**SECTION C:** Student's record for 2022/2023 Academic Session. (To be completed by Exams and Records Division)

Credits Passed:.....

Credits Failed:.....

Category/Summary of Results:.....

.....  
Deputy Registrar

**SECTION D:** To be completed by the Proposed Faculty/School Representative in consultation with the Dean of the Proposed Faculty/School (if applicable).

18. Are you willing to accept this student?  
(Yes/No):.....

19. If YES, State:  
(a) Department:.....  
(b) Level:.....  
(c) Course:.....

20. Give reasons for accepting the student:.....  
.....

21. If NO, give reasons for not accepting the student:.....

.....  
Head of Department or Faculty Representative's Signature (if applicable)

.....  
Signature of Dean

Date:.....

Date:.....

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

.....  
.....  
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.....  
Chairman's Signature

.....  
Date