

**UNIVERSITY OF BENIN  
BENIN CITY, NIGERIA**



Affix Current Passport  
Photograph

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

**NOTE:** PART-TIME INTER-FACULTY TRANSFER IS A PRIVILEGE AND NOT A RIGHT. STUDENTS WHO HAVE BEEN IN THE FULL/PART-TIME PROGRAMME BUT WANTS TO TRANSFER ON THE ACCOUNT OF:

- I. THEIR PERSONAL WISH TO TRANSFER FROM THE FULL-TIME PROGRAMME TO ANOTHER RELATED PART-TIME PROGRAMME.
- II. THOSE THAT HAVE EXHAUSTED THEIR STAY IN THE FULL TIME PROGRAMME.
- III. THOSE THAT WERE ADVISED TO WITHDRAW IN FULL-TIME PROGRAMMES FROM THEIR FACULTY OR THE UNIVERSITY.

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

**SECTION A:**

1. Surname of Student .....  
Other Names:.....
2. Tel. Number:.....
3. Mode of Entry:.....  
UME (*Indicate Scores*).....  
Direct Entry (*Indicate Grades*).....
4. Attach Photocopies of the following documents:
  1. WASC 'O' Level Results and other entry requirements
  2. Last Session Result (*For Students who have exhausted their maximum stay in the Full-Time Programmes*)
  3. Evidence of payment of School Charges
  4. Evidence of successful Screening
5. Matriculation No.:..... Tel. No.....
6. a) Present Programme:.....  
b) Present Department (if applicable):.....  
c) Over Stayed (Indicate)
7. Present Year: .....
8. Year in School (Over Stayed students) .....
9. Courses Taken Last Session:.....  
.....  
.....  
.....

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.....

(a). State courses taken in First Year with grades made. (To be completed by course Adviser):

First Term Results	Second Term Results	Third Term Results
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- (b). Please attach courses taken in Year II and Year III with grades made. (Students transferring from other higher Years)
- (c). Attach a copy of courses taken in your penultimate year (Over Stayed Students from Full-Time Programmes)

10. Proposed Faculty/School:.....

Proposed Department and Programme of choice.....

11. Reason(s) for Transfer:

- (a) Personal wish (Tick): / / .....
- (b) Advised to Withdraw from Programme (Tick): / / .....

- 12. (a) Have you previously transferred from any other Faculty/School or Department/Programme? YES/NO
- (b) If YES, State year of transfer.....

.....  
Date

.....  
Signature of Student

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

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

Credits Passed:.....

Credits Failed:.....



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.....

Signature of Dean  
Date:.....

**SECTION D:** To be completed by the Dean of the Proposed Faculty/School in consultation with the Head of Department Concerned

18. Are you willing to accept this student?  
(Yes/No):.....
19. If YES, State:  
(a) Department:.....  
(b) Level/Year:.....  
(c) Course/Programme:.....
20. Give reasons for accepting the student:.....  
.....
21. If NO, give reasons for not accepting the student:.....

.....  
Head of Department's Signature

Date:.....

.....  
Dean's Signature

Date:.....

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

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Chairman's Signature

.....  
Date