

FEDERAL UNIVERSITY OYE-EKITI



APPLICATION FOR ADMISSION BY TRANSFER FROM OTHER UNIVERSITIES 20...../..... SESSION

Registration Number (*for official use only*)

Affix Passport Size

Photograph

IMPORTANT NOTICE

ANY CANDIDATE FOUND TO HAVE GIVEN ANY FALSE INFORMATION WILL BE DISQUALIFIED.

SECTION A

1. (a) Name (Surname)Mr/Mrs/Miss.....
(b) Other Names:.....

If names have been changed, please attach

2. Date of Birth:
3. Marital Status:.....
4. Nationality:..... 5. State of Origin:.....
6. Present Postal Address:.....
.....
.....
7. E-mail Address: 8. Telephone No.:.....
9. Permanent Home Address:.....
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.....
10. Name and Address of Next of Kin:
.....
.....
.....

ANY SUBSEQUENT CHANGE OF ADDRESS MUST BE MADE KNOWN TO THE ADMISSIONS OFFICE IMMEDIATELY

SECTION B

11. (a) Name of Present University
(b) Present Faculty
(c) Department:
(d) Courses Offered:.....
.....
12. Proposed course of study at the Federal University Oye-Ekiti.
.....

Other Examinations Passed

School	Department / Course	Level

13. SECONDARY SCHOOLS / COLLEGES ATTENDED

School	DATE	
	From	To

14. UNIVERSITIES ATTENDED

Institution (Name and Address)	Course Pursued	Faculty	Period	Date of Matriculation

15. State your reason(s) for wishing to transfer from your present University

.....

16. Examinations Passed

(i) School Certificate or G.C.E. 'O' Level or NECO

Examination & Date	Subject	Grade (in the subject)	Overall Result

(ii) Higher School Certificate or G.C.E. 'A' Level

Examination & Date	Subject	Grade (in the subject)	Overall Result

Name of Examination & Date	Subject	Grade	Overall Result

Photocopies of Certificates held and claimed must be enclosed.

SECTION D

Employment	Location	Employer	Date	Reason for Leaving

18. State if you have been treated for any mental and/or psychological disorder
19. (a) State whether or not you have been sanctioned for any offence
- (b) What is the nature of the offence?
- (c) State the sanction

SECTION E

20. Each applicant must request the Registrar of his/her present University to forward DIRECT to the Admissions Officer, Federal University Oye-Ekiti, a **transcript** of his/her academic record. **Transcripts** submitted by applicants will NOT be processed.
21. Each applicant must also request the Head of Department and Dean of Faculty and the Dean of Students/Students Affairs Officer of his/her present University to complete the confidential report forms A and B respectively supplied with this form.

SECTION F - Declaration

22. (i) I..... hereby declare that the information I have given is to the best of my knowledge and belief accurate in every detail;
- (ii) that if I am admitted, I shall abide by the rules of the University; and
- (iii) if at any time it is discovered that the University has been misled by inaccurate information on me or given by me, my admission into the University shall be nullified.

.....
Signature

.....
Date

- ñ *This application form will only be processed on the payment of prescribed fee to the coffers of the University*
- ñ *An application for transfer will NOT be considered until items 20 and 21 above are complied with.*
- ñ *The completed application form should be returned to the Registrar, Federal University Oye-Ekiti.*
- ñ *Transfer forms will not normally be sold after 15th June of any given session.*
- ñ *Transcripts received after 15th September of the session will not be processed.*

FEDERAL UNIVERSITY OYE-EKITI



APPLICATION FOR TRANSFER FROM OTHER UNIVERSITIES CONFIDENTIAL REPORT FORM B

Application Number
(for official use only)

.....

Proposed Faculty

.....

SECTION A

TO BE COMPLETED BY CANDIDATE

Names in full (Surname first):.....

Postal Address:

E-mail Address: Telephone No.

Sex: Date of Birth:

Nationality:..... State of Origin: (if Nigerian).....

Name and Address of present University:.....

Period of attendance in the University (*state dates*) From..... to

Course for which application is made:

SECTION B

1. (a) To be completed by the Dean of Students / Student Affairs officer of the candidate's present University.
- (b) Persons to whom this form is presented for completion are asked to be so good as to provide as full answers as possible to the following questions and to return the form in a wax-sealed envelope to the Registrar, Federal University Oye-Ekiti to reach him not later than 15th September of the year of application.
 - (i) Names of Applicant:
 - (ii) Course which applicant is currently pursuing / has pursued in your University.
.....
 - (iii) How long has the applicant been a student in your University?
 - (iv) Attestation to the applicant's character and conduct (with special reference to sense of responsibility, discipline and social inclination).
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(v) Applicant's Club(s) and participation in sports and general activities (e. g. University honours, offices held in Halls of Residence or Faculty, etc.)

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(vi) Assessment of Applicant's emotional, mental and physical stability

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(vii) Sanction(s) imposed on the applicant since registration in the University

S/N	Offences	Sanction(s)	Date(s)

(viii) Information about the applicant which could help the University to decide his suitability for the course of study for which he / she has applied particularly, his/her strengths and weaknesses.

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(ix) Other remarks (including any information which, in fairness to the candidate and to the University should be mentioned, e.g. personal or domestic circumstances or state of health)

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.....

Signature:.....

Address:

Names in full:

.....

Rank or Designation:

Date:.....

FEDERAL UNIVERSITY OYE-EKITI



APPLICATION FOR TRANSFER FROM OTHER UNIVERSITIES CONFIDENTIAL REPORT FORM A

Application Number (for official use only)
Proposed Faculty

SECTION A TO BE COMPLETED BY CANDIDATE

Name in full (Surname first):.....
Postal Address:
E-mail Address: Telephone No.
Sex:Date of Birth:
Marital Status:.....
Nationality:..... State of Origin: (if Nigerian).....
Name and Address of present University:.....
Period of attendance in the University (*state dates*) From..... to
Course for which application is made:

SECTION B

1. (a) To be completed by the candidate's Head of Department.
- (b) Persons to whom this form is presented for completion are asked to be so good as to provide as full answers as possible to the following questions and to return the form in a wax-sealed envelope to the Registrar, Federal University Oye-Ekiti to reach him not later than 15th September of the year of application.
 - (i) Names of Applicant:
 - (ii) Course which applicant is currently pursuing / has pursued in your Department.
.....
 - (iii) How long has the applicant been a student in your Department?
 - (iv) Attestation to the applicant's character and conduct (with special reference to sense of responsibility, discipline and social inclination).
.....
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.....

(v) Applicant's Club(s) and participation in sports and general activities (e. g. University honours, offices held in Halls of Residence or Faculty, etc.)

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.....

(vi) Assessment of Applicant's emotional, mental and physical stability

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.....
.....

(vii) Sanction(s) imposed on the applicant since registration in the Department

S/N	Offence(s)	Sanction(s)	Date(s)

(viii) Information about the applicant which could help the University to decide his suitability for the course of study for which he /she has applied, particularly his/her strengths and weaknesses.

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(ix) Other remarks (including any information which, in fairness to the candidate and to the University should be mentioned, e.g. personal or domestic circumstances or state of health).

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.....

Signature:..... Address:

Names in full:

Rank or Designation: Date:.....

SECTION C

(To be completed by the Dean of Faculty)

Comment by the Dean of Faculty

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Signature:..... Address:

Names in full:

Rank or Designation: Date:.....