

## INTER/INTRA DEPARTMENTAL TRANSFER FORM

### APPLICANT SECTION

Surname.....Other names.....

National ID. Number.....Adm. Number.....

Address.....Mobile Number.....

**NB. Please attach your academic certificates and transcripts**

**Transferring from:**

Name of Department.....

Class.....

Reason(s) for application for transfer.

1. ....  
 .....
2. ....  
 .....

**Transferring to:**

Name of Department.....

Class.....

**Student's signature**.....**Date**.....

**FOR OFFICIAL USE ONLY:**

**ENDORSEMENT BY THE HEAD OF DEPARTMENT THE STUDENT IS TRANSFERRING FROM:**

This section is to be completed by the Head of Department from where the candidate is transferring from:

**TRANSFER ENDORSEMENT**

YES  NO

Endorsing Officer:

Name.....

Designation.....Sign and stamp.....Date.....

**ENDORSEMENT BY THE HEAD OF DEPARTMENT THE STUDENT IS TRANSFERRING TO:**

This section is to be completed by the Head of Department from where the candidate is transferring from:

**TRANSFER ENDORSEMENT**

YES  NO

Endorsing Officer:

Name.....

Designation.....Sign and stamp.....Date.....

**REGISTRAR:**

**TRANSFERRED**

YES  NO

Signature..... Date.....