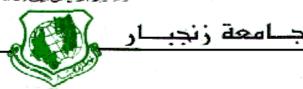
ZANZIBAR UNIVERSITY



INSTI	TUTE/FACULTY OF	
	FORM NO.8. I	EXTERNAL TRANSFER
REF:		Date:
	TO: DVC Academic	•
	Through: Admissions Officer	
	Director of Institute/Faculty Dean	
	Through: Head of Dept.:	
1.	Student's Personal Information: Name:	
		Semester
	-	udies MUST do so at the beginning of Semester
	Supporting Documents: Letter of suspension from Studies	b)d)
4.Dea	n of Student's Detailed Justificatior	n for the Recommendation:
	Name	. SignatureDate
5.Hea	d of Dept's Detailed Justification fo	r the Recommendation:
		iled Justification for the Recommendation:
Signature, Date and official stamp		

NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM