



INSTITUTE/FACULTY OF

FORM NO.7. INTERNAL TRANSFER

REF:

Date:

TO: DVC Academic

Through: Director of Institute/Faculty Dean

Through: Head of Dept.:

1. Student's Personal Information:

Name: Reg. No:
Country: Male [..] Female [..]
Year/Semester:
Specialisation:
Tel. No:
Signature

2. Request for Resumption of Studies:

Academic Year of Registration
Academic Year of Resumption.....Semester

NB:- Students intending to resume studies MUST do so at the beginning of Semester

3. Supporting Documents:

- a) Letter of suspension from Studies b)
- c) d)

4. Dean of Student's Detailed Justification for the Recommendation:

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Name SignatureDate

5. Head of Dept's Detailed Justification for the Recommendation:

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Signature, Date and official stamp

6. Institute Director/Faculty Dean's Detailed Justification for the Recommendation:

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Signature, Date and official stamp

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