

**UNIVERSITY OF IRINGA  
ADMISSIONS OFFICE**



**INTERNAL TRANSFER APPLICATION FORM  
(From One Program to another)**

*(To be filled in duplicate and attach COPIES of Form IV(s), VI(s) or AVN)*

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**A. PERSONAL RECORDS:**

1. First Name (*As in your IV Certificate*): .....
2. Second Name (*As in your IV Certificate*):.....
3. Surname (*As in your IV Certificate*):.....
4. Gender: .....
5. Form Four (IV) Index Number: ..... year .....
6. Other Form Four (IV) Index Number: ..... year .....
7. Form Six (VI) Index Number: .....year.....
8. Other Form Six (VI) Index Number: ..... year .....
9. Award verification number (AVN): .....year .....
10. Programme Admitted .....
11. New Programme .....
12. Academic Year: .....
13. Email address: .....
14. Telephone/Mobile Number: .....
15. **Reason for Transfer**  
.....  
.....

**B. DECLARATION**

I declare that the information and documents provided are true and correct to the best of knowledge

**Signature** ..... **Date**.....

**C. APPROVAL DECISION** (To be completed by the authorizing officer)

- a) I approve / deny the above request
- b) If denied give reasons .....

**Name** .....

**Signature** .....

**Designation** .....

**Date** .....20.....

**NOTE:**

- *The transfer will be conducted within two weeks from the date of opening the University.*
- *Qualifications and Capacity of the programme will be the factors under considerations.*
- *The applicant must attach his/her academic certificate(s)*