

**UNIVERSITY OF IRINGA  
ADMISSIONS OFFICE**



**INTER-UNIVERSITY TRANSFER APPLICATION FORM**

**(From one university to another)**

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

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**A. PERSONAL RECORDS:**

1. Registration/Token Number .....
2. Academic Year: .....Year of Study .....Level.....
3. First Name (*As in your IV Certificate*): .....
4. Second Name (*As in your IV Certificate*):.....
5. Surname (*As in your IV Certificate*):.....
6. Gender: .....
7. Form Four (IV) Index Number: ..... year .....
8. Other Form Four (IV) Index Number: ..... year .....
9. Form Six (VI) Index Number: .....year.....
10. Other Form Six (VI) Index Number: ..... year .....
11. Award verification number (AVN): .....year .....
12. Previous Institution:.....
13. Programme Admitted .....
14. Current Institution.....
15. Email address: ..... Mobile Number:.....

**16. Reason for Transfer**

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**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.*
- *Admission status, Qualifications and Capacity of the programme will be the factors under considerations.*
- *The applicant must attach his/her academic certificate(s) and admission letter from the previous institution.*