



UNIVERSITY OF IRINGA (UOI)  
INTER-INSTITUTIONAL TRANSFER REQUEST FORM

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**INTER - INSTITUTIONAL/UNIVERSITY TRANSFER REQUEST FORM**

(To be filled in duplicate and attach student's admissions letter and copies of academic certificates)

**1. Personal Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email address(s): \_\_\_\_\_  
Form IV index No: \_\_\_\_\_ Year of complete form IV: \_\_\_\_\_

**Previously Selected Institutional Information**  
Name of Inst: \_\_\_\_\_

Programme: \_\_\_\_\_

**New -Transferred Institutional Information**  
Name of Inst: \_\_\_\_\_

Programme: \_\_\_\_\_

**NB: For Credit /2<sup>nd</sup> Year) Transfer candidate please attach an approved progressive report.**

**2. Reasons for Transfer:**

\_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_\_\_ Signature \_\_\_\_\_

**For OFFICIAL USE ONLY (Authorization for Inter - Institutional Transfer)**

**3. Admissions Officer (Please recommend the admissions procedures and the required process)**

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. Recommendations by the Head of Department (Please confirm the entry requirements and for the Credit transfer please provide the Matrix Calculation Credits of the candidate request)**

\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. Recommendations by the Director of Postgraduate Studies, Research, and Consultancy (for postgraduate students only)**

\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_