

**STATE UNIVERSITY OF MEDICAL AND APPLIED SCIENCES, IGBO-ENO,  
ENUGU STATE  
OFFICE OF THE REGISTRAR  
[ADMISSIONS]**

**APPLICATION FOR INTER UNIVERSITY TRANSFER ADMISSION**

<b>FOR OFFICE USE ONLY</b> Form Number Confirmation No. Invoice No. Bank Bank Branch Date Paid	Application Fee Result of Application: Successful <input type="checkbox"/> Unsuccessful <input type="checkbox"/> Processed by (Admissions Official) Name _____ Signature _____ Date _____
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1. CANDIDATE'S NAME IN FULL
2. CANDIDATE'S CURRENT UNIVERSITY DETAILS

PRESENT UNIVERSITY	PRESENT COURSE OF STUDY
FACULTY	DEPARTMENT

3. PROPOSED COURSE OF STUDY
- FACULTY: \_\_\_\_\_
- PROGRAMME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

- |                                      |                               |
|--------------------------------------|-------------------------------|
| 4. SEX .....                         | 5. DATE OF BRITH.....         |
| 6. AGE NEXT BRITHDAY .....           | 7. NATIONALITY.....           |
| 8. STATE OF ORIGIN.....              | 9. LOCAL GOVERNMENT AREA..... |
| 10. ADDRESS FOR CORRESPONDENCE ..... | 11. PHONE NO.....             |
| 12. E-MAIL.....                      |                               |

- 13.

	INSTITUTION	DURATION		CERTIFICATE OBTAINED	GRADE OR CLASS OF PASS
		FROM	TO		

14. Mode of Entry to your Present Institution

UTME or D/E.....

15. UTME Score.....

D/E Qualification.....

16. I HEREBY DECLARE THAT ALL THE PARTICULARS SUPPLIED IN THIS FORM ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF COMPLETE AND ACCURATE. I AM AWARE THAT WITHHOLDING ANY INFORMATION OR GIVING FALSE INFORMATION AUTOMATICALLY DISQUALIFIES ME FROM BEING ADMITTED TO THE UNIVERSITY. IF ADMITTED TO THE UNIVERSITY, I REGARD MYSELF BOUND BY ORDINANCES AND REGULATIONS OF THE UNIVERSITY IN SO FAR AS THEY AFFECT ME.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*PLEASE NOTE THAT YOUR APPLICATION FORM WOULD NOT BE PROCESSED EXCEPT IT IS SUPPORTED WITH YOUR ACADEMIC TRANSCRIPT.**

**PHOTOCOPIES OF QUALIFYING EXAMINATIONS PRIOR TO ADMISSION TO UNIVERSITY MUST BE ATTACHED TO THE APPLICATION FORM (WAEC, NECO & ANY OTHER ACCREDITED QUALIFICATION**

**THE REGISTRAR  
(ADMISSIONS OFFICE)  
STATE UNIVERSITY OF MEDICAL AND APPLIED SCIENCES, IGBO-ENO,  
ENUGU STATE.**