



**State University of Medical and Applied Sciences
(SUMAS)**

**Igbo-Eno, Enugu State Nigeria
OFFICE OF THE REGISTRAR**

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INTER-UNIVERSITY TRANSFER APPLICATION FORM

1. SURNAME-----
2. OTHER NAMES-----
3. JAMB REG. NO.-----
4. CURRENT REG. NO.-----
5. CURRENT COURSE OF STUDY-----
6. COURSE DESIRED IN SUMAS-----
7. CURRENT CGPA-----
8. CURRENT LEVEL-----
9. REASON FOR SEEKING TRANSFER-----

10. PHONE NUMBER-----
11. EMAIL ADDRESS-----
12. CONTACT ADDRESS-----

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THAT EVERY INFORMATION SUPPLIED IS TRUE AND ACCURATE.

CANDIDATE SIGNATURE

DATE