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Last Name	First Name	Middle Name
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Student's Matriculation number	Date of Birth	Email
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 Year of Admission

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 Current Level

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 Phone Number

**Requirements for Intra-University Transfer:**

1 <sup>st</sup> semester CGPA	
2 <sup>nd</sup> semester CGPA	

**List term for which you are applying to transfer:**

 Session 

 1<sup>st</sup> Semester 

 2<sup>nd</sup> Semester 

 Within the same school 

 Across Schools 
**I am currently enrolled in:**

Accounting	
Business Administration	
Computer Science	
Economics	
Electrical/Electronics Engineering	
Info. Sci. & Media Studies (ISMS)	
Mass Communication	
Mechanical Engineering	
Film and Multimedia Studies	

**I wish to transfer to:**

Accounting	
Business Administration	
Computer Science	
Economics	
Electrical/Electronics Engineering	
Info. Sci. & Media Studies (ISMS)	
Mass Communication	
Mechanical Engineering	
Film and Multimedia Studies	

**Describe your reasons for seeking intra-university transfer.**
*Please be specific*


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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

 Please send the completed application to admissions office or [admissions@pau.edu.ng](mailto:admissions@pau.edu.ng)
**Official Use**

1. Dean/HOD (Exiting School)

2. Dean/HOD (Receiving School)

 Release of student Yes  No 

 Accept  Reject 

 \_\_\_\_\_  
Signature/Date

 \_\_\_\_\_  
Signature/Date