

OFFICE OF THE UNIVERSITY REGISTRAR Intra-University Transfer Application

Last Name Fi	rst Name	Middle Name	
Student's Matriculation number	Date of Birth	Email	
Year of Admission			
	Requirem	ents for Intra-University Transfer	
Current Level	1 st seme	ster CGPA	
Phone Number	2 nd seme	ester CGPA	
st term for which you are applying to trans	ifer:		
Session		n the same school	
1 st Semester	Acros	s Schools	
2 nd Semester I am currently enrolled in:	I wis	sh to transfer to:	
Accounting	Accounting		
Business Administration		Iministration	
Computer Science	Computer S		
Economics	Economics		
Electrical/Electronics Engineering	Electrical/El	ectronics Engineering	
Info. Sci. & Media Studies (ISMS)		Media Studies (ISMS)	
Mass Communication	Mass Comm	nunication	
Mechanical Engineering	Mechanical	Engineering	
Film and Multimedia Studies		ultimedia Studies	
Finance	Finance		
Mechatronics Engineering	Mechatroni	cs Engineering	
Software Engineering	Software Fr	ngineering	

Describe your reasons for seeking intra-university transfer.	Please be specific	
Signature:	Date:	
Please send the completed application to admissions office or	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	