



Departmental Transfer Form

Student Name: -----

Student No:-----

Academic Year:-----

Semester:-----

Admission Intake: -----(For e.g.Sept2007 or Jan2008)

Level or Degree:  Foundation Year:  Certificate:

Diploma:  Higher Diploma:

I have been accepted in the department of:-----By the  
Higher education admission center.Could you please allow me to transfer for the  
to the department of:----- following reason(s)

1): -----

2): -----

3): -----

Student's Signature:----- Date:----/----/20----

For the use of registration department

Student's Rank Marks for the new department:-----

Minimum Rank accepted for the student's department:-----

AGREED to transfer the student

Not AGREED to transfer the student

Employee Name:----- Signature:----- Date:----/----20----

For the use of HOD of the specialization

Comment:-----

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Signature:----- Date:----/----20----

**Note:** Student's receives a copy of the form change of Specialization