

BOWEN UNIVERSITY

(Of the Nigerian Baptist Convention)

P.M.B. 284, Iwo, Osun State, Nigeria
www.registrar@bowenuniversity-edu.org

(OFFICE OF THE REGISTRAR)

APPLICATION FOR TRANSFER TO BOWEN UNIVERSITY, IWO.

To be completed in duplicate and capital Letters

PART I: (To be completed by the applicant)

Name:.....
Surname First Name Middle Name

Date of Birth:
Day Month Year

Nationality:.....

Present Postal Address:.....
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Telephone No:

Email Address:.....

Present Institution:.....

Registration or Matriculation Number in Present Institution:.....

Level of Study in Present Institution (Please circle as appropriate) 100 200 300 400 500 600

Programme into which transfer is being sought:.....

Reason(s) for Seeking Transfer:.....
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Educational Qualification:

EXAMINATIONS AND GRADES OBTAINED

SSCE/NECO	GCE/HSC/AL	NCE	JAMB SCORE & REG.NO.	OTHERS

Please attach Photocopies of the Statements/Certificate of Examinations Listed above

NOTES TO APPLICANT

- (i) You should request your present institution to forward official copy of your Academic Transcripts direct to the Registrar, Bowen University, Iwo, Osun State.
- (ii) You should present letters from two referees, one of whom must be a clergy.
- (iii) Only successful applicants will be acknowledged.

PART II:(To be completed by Officers of the present Institution)

a. Comments on Character and recommendations of Head of Department:

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Name and Signature :..... Date:.....

b. Comments on Character and Recommendations of Dean of College/Faculty

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Name and Signature:..... Date:.....

c. Comments on Character and Recommendations of Registrar:

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Name and Signature:..... Date:.....

PART III: (To be completed by the appropriate Officers in Bowen University, IWO)

d. Comments and Recommendations of Dean of College/Faculty:

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Name and Signature:..... Date:.....

e. Comments and Recommendations of the Registrar:.

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Name and Signature:..... Date:.....

f. Comments by Vice-Chancellor:

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Name and Signature:..... Date:.....