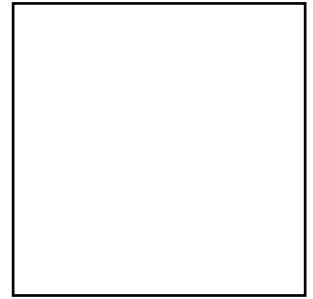


BOWEN UNIVERSITY

(Of the Nigerian Baptist Convention)

P.M.B. 284, Iwo, Osun State, Nigeria
www.registrar@bowenuniversity.edu.ng
Email: registrar_infobowen@yahoo.com

(OFFICE OF THE REGISTRAR)



Passport Photograph

APPLICATION FOR TRANSFER TO BOWEN UNIVERSITY, IWO

(To be completed in duplicate and capital letters)

PART I: (To be completed by the Applicant)

Date:.....

Name:
Surname First Name Other Name

Date of Birth:..... Nationality:.....

State of Origin: LGA:..... Sex:.....

Religion / Denomination:

Present Postal Address:.....

.....

.....

Telephone Number:..... Email

Address:.....

Present

Institution:.....

Programme of study in Present Institution:

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

Registration or Matriculation Number in Present Institution:

Programme into which transfer is being sought:

Level into which transfer is being sought: 100 200 300 400 500

Reason(s) for seeking Transfer:

.....
.....
.....

PART II: Educational Qualification:

EXAMINATIONS AND GRADES OBTAINED

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

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

NOTES TO APPLICANT

- (i) You should request your present Institution to forward official Academic Transcripts directly 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 III: (To be completed by Officers of the present Institution)

(a) Comments on Character and recommendations of Head of Department:

.....
.....
.....

Name & Signature: Date:

(b) Comments on Character and recommendations of Dean of College/Faculty:

.....
.....
.....

Name & Signature: Date:

(c) Comments on Character and recommendations of Registrar:

.....
.....
.....

Name & Signature: **Date:**

PART IV: (To be completed by Officers of Bowen University, Iwo)

(a) Comments and recommendations of Head of Department:

.....
.....
.....

Name & Signature: **Date:**

(b) Comments and recommendations of Provost of College/Dean of Faculty:

.....
.....
.....

Name & Signature: **Date:**

(c) Comments and recommendations of Registrar:

.....
.....
.....

Name & Signature: **Date:**

(d) Comments and Approval by Vice-Chancellor:

.....
.....
.....

Name & Signature: **Date:**