



INSTITUTE/FACULTY OF .....

**FORM NO.8. EXTERNAL TRANSFER**

REF: .....

Date: .....

TO: DVC Academic .....

Through: Admissions Officer. ....

Director of Institute/Faculty Dean .....

Through: Head of Dept.: .....

**1. Student's Personal Information:**

Name: .....

Reg. No: .....

Country: .....

Male [..] Female [..]

Year/Semester: .....

Specialisation: .....

Tel. No: .....

Signature .....

**2. Request for Resumption of Studies:**

Academic Year of Registration .....

Academic Year of Resumption.....Semester .....

**NB:- Students intending to resume studies MUST do so at the beginning of Semester**

**3. Supporting Documents:**

a) Letter of suspension from Studies b) .....

c) ..... d) .....

**4. Dean of Student's Detailed Justification for the Recommendation:**

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Name ..... Signature ..... Date .....

**5. Head of Dept's Detailed Justification for the Recommendation:**

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Signature, Date and official stamp .....

**6. Institute Director/Faculty Dean's Detailed Justification for the Recommendation:**

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Signature, Date and official stamp .....

**NB: AFTER SIGNING, RETAIN A COPY BEFORE FORWARDING THIS FORM**