CRESCENT UNIVERSITY ABEOKUTA

Citadel of Academic and Moral Excellence
KLM 5, AYETORO ROAD, LAFENWA, ABEOKUTA, OGUN STATE.
P.M.B 2104, SAPON, ABEOKUTA, OGUN STATE.
Email: info@cuab.edu.ng Website: www.cuab.edu.ng

FORM NO:_____

APPLICATION FORM FOR INTER-UNVERSITY TRANSFER

(To be complete in triplicate)

COURSE OPTION

A……

B……

Recent Passport size Photograph of applicant Must be attached

Your name and Application number Should be written at the Back of the photograph

INSTRUCTIONS

(i) Read the forms over carefully and then complete and return to the REGISTRAR, CRESCENT UNIVERSITY, ABEOKUTA

(ii) Three photocopies of the original certificates and result slips/sheets should be attached to the complete form. Do not send original Certificates or result slips /sheet.

(iii) You should quote the Application Number above and state of origin in any correspondence on this application

(iv) Academic transcript from previous University should be forwarded directly to the Registrar, Crescent University Abeokuta.

SECTION A – PERSONAL DATA

(i) Names in full: ……

(ii) Date of Birth:…… (iii) Sex……(iv)Place of Birth……

(iii) State of Origin:…….. (vi) L.G.A …….

(vii) Correspondence Address:……

(viii) Home Address:…….

(ix) E- mail:…… (X)Phone Number:……

(xi) Religion: …….

SECTION B-ACADEMIC RECORD

(i) Present University:……

(ii) Course of Study:…….

(iii) Level:……..

(iv) Reason for leaving:…….....

……...

SECTION C- SCHOOLS/ COLLEGE ATTENDED

		From	To
1			
2			
3			

SECTION D- EXAMINATION RESULTS

Only the result indicated in this section would be considered

SSCE/ NECO/ GCE 'O' LEVEL

Name of Exam:…… Date of Exam:…… Exam Centre:…… Exam Number:……		Name of Exam:…… Date of Exam:…….. Exam Centre:…… Exam Centre:……		For Official Use only
Subjects	**Grades**		**Grades**	
1. English Language		**1. English Language**		
2. Mathematics		**2. Mathematics**		
3.		**3.**		
4.		**4.**		
5.		**5.**		
6.		**6.**		
7.		**7.**		
8.		**8.**		

SECTION E – REFEREE

(To be filled by someone in position of authority the equivalent of a judge if the High Court, Professor, Senior, Lecturer, Permanent Sectary/ Director General or Chief Imam of a Central Mosque)

Name:……

Mailing Address:……

Telephone:…….

Comments:……..……..

……

……

……

Signature & Date

SECTION F – DECLARATION

I, ...hereby declare that all information and particulars given above are correct.

…… ……

Applicant's Signature Date