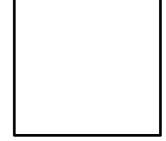


BOWEN UNIVERSITY

(Of the Nigerian Baptist Convention)

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



(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:	Natio	onality:
State of Origin:	LGA:	Sex:
Religion / Denomination: Present Postal Address:		
Telephone Number:	Email Addr	ess:
Present Institution:	•••••	
Programme of study in Present Instit	tution:	
Level of Study in Present Institution	(Please circle as appropr	riate): 100 200 300 400 500
Registration or Matriculation Numbe	er in Present Institution:	
Programme into which transfer is be	ing sought:	
Level into which transfer is being so	ught: 100 200 300 400 5	00
Reason(s) for seeking Transfer:		

PART II: Educational Qualification:

EXAMINATIONS AND GRADES OBTAINED

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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:		
Name & Signature.	<i>Date</i>	
(b) Comments on Character and recommendations of Dean of		
	•••••	
Name & Signature:	Date:	
(c) Comments on Character and recommendations of Registra		
••••••		
Name & Signature		

PART IV: (To be completed by the appropriate Officers in Bowen University, Iwo)

(a)	Comments and recommendations of Program coordinator:
	Name & Signature: Date:
(b)	Comments and recommendations of the Provost:
	Name & Signature:
(c)	Comments and recommendations of the Registrar:
	Name & Signature: