



**UNIVERSITY OF MEDICAL SCIENCES
LAJE ROAD, ONDO, ONDO STATE**

**APPLICATION FOR INTER-DEPARTMENTAL/PROGRAMME/FACULTY TRANSFER
(Applicable only at 200 Level)**

PLEASE NOTE THAT: Triplicate copies of the Application Form with the results sheets should be submitted to the Academic Affairs Unit within two weeks of collection; Only clear and properly signed documents will be treated.

1. Name in Full:

Surname	Other Names
---------	-------------
2. Phone No:
3. Email Address:
4. Matric No:
5. Current Level:
6. Current CGPA/Session:
7. Present Course of Study:
8. Present Department:
9. Preferred Department:
10. Preferred Course of Study:
11. Reason(s) for seeking Transfer:

Signature of Student: Date:

FOR OFFICIAL USE

12. Comment of Head, Counselling & Human Development
Signature..... Date.....
13. Comment of present Head of Department
Signature..... Date.....
14. Comment of present Dean of Faculty:
Signature..... Date.....
15. Comment and Endorsement of new HOD, stating if there is space for the applicant in the preferred course of study:
.....
Signature..... Date.....
16. Comment of new Dean of Faculty:
Signature..... Date.....

Comment of the Registrar

Approval of the Vice-Chancellor on behalf of Senate.....

.....

GUIDELINES ON CHANGE OF FACULTIES/DEPARTMENTS

1. Application for a change of degree option shall be approved only when there is a strong justification for it. As much as possible, students should be required to pursue to the end, the course to which they have originally been admitted.
2. Permission to change to a new degree option shall be strictly subject to vacancy in the class, taking into account the approved student quota for the degree option.
3. Any change of degree option within the Faculty shall be subject to the approval of the Dean of the Faculty and the two Heads of Department concerned.
4. Any change of Faculty shall be subject to the approval of both the Deans of the present Faculty and of the proposed Faculty.
5. The Dean of a Faculty shall, for good cause and in consultation with the Board of the Faculty, have the right to approve or withdraw his approval of a student's application to transfer from or into the Faculty,
6. Normally, for a student to change from one Faculty/department to another he/she should have a minimum cumulative Grade Point (CGPA) of 3.50.
7. Change of degree option shall not be permitted until the student has spent at least four semesters in the University.
8. No student will be allowed to change his/her degree option more than once in the University.
9. No change of degree option shall be allowed beyond six weeks of the commencement of lectures in the first semester of each session.
10. The Board of studies of the proposed Faculty concerned shall recommend the change of degree option for the student concerned for the approval of Senate.
11. Final approval or rejection of student's request to change degree option shall be formally communicated to the affected student by the Registrar.