

x. Reason for change:

xi. Proposed Faculty:

xii. Proposed Department:

xiii. Have you changed Course/Programme before? YES or NO

xiv. If yes:

Faculty:..... Department:.....

Course/Programme:

Please Turn Over

3. **DECLARATION:** I declare that the above statements are true to the best of my knowledge and belief and that I have cleared the proposed change with my sponsor.

Signature:

Date:

Please note that:

- There are restrictions on the type of transfer permitted, and candidates are advised to study very carefully the permissible areas of transfer and ensure that the proposed Department/Faculty will grant permit.
- This form is to be **filled** in **QUADRUPPLICATE** and **SUBMITTED** to the Academic Affairs Office, 6th Floor, Senate House, UNILAG, Akoka on or before **MONDAY, JULY 17, 2023**.

Part II

COMMENTS OF THE PRESENT HEAD OF DEPARTMENT:

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Name:.....

Signature:

Date:

COMMENTS OF THE PROPOSED HEAD OF DEPARTMENT:

.....

.....

Name:.....

Signature:

Date:

COMMENTS/RECOMMENDATIONS OF THE DEAN OF THE PRESENT FACULTY:

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.....

Name:.....

Signature: Date:

COMMENTS/RECOMMENDATIONS OF THE DEAN OF THE PROPOSED FACULTY:

.....
.....

Name:.....

Signature: Date: