



**ST PAUL'S UNIVERSITY**

**STUDENT CAMPUS TRANSFER FORM**

*(Clearly indicate full names in Blocked Caps)*

Student's Name     
*First Name Middle Name Surname*

Student Identity Number

Name of Programme

Faculty

Current Campus  Transferring to

**REASON FOR TRANSFER**

\_\_\_\_\_  
\_\_\_\_\_

Transfer to be effective from:    
*Month Year*

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**FOR OFFICIAL USE ONLY**

**Clearance from Finance Office:**  
Finance Officer's Signature:..... Date:.....

Name of HOD:..... Signature ..... Date:.....

Dean's Signature:..... Date:.....

Registrar's Signature:..... Date:.....