



TRANSFER APPLICATION FORM

Please indicate with an (X) in the appropriate block:

<input type="checkbox"/>	TRANSFER FROM BLOEMFONTEIN Campus to QWAQWA Campus
<input type="checkbox"/>	TRANSFER FROM QWAQWA Campus to BLOEMFONTEIN Campus

Name and Surname of student	
Student number	
Phase (e.g., Foundation Phases)	
Contact number	
Prefix (Mr. / Ms.)	
Email address	

Briefly describe the reason for transfer.

PLEASE ENSURE THAT THE FOLLOWING INFORMATION ACCOMPANIES YOUR APPLICATION

1. Your latest Academic Data Summary (ADS) or Full Academic Record.
2. Indicate the phase you are in (Foundation/Intermediate/Senior and Further Education and Training)
3. All supporting documents must be attached.

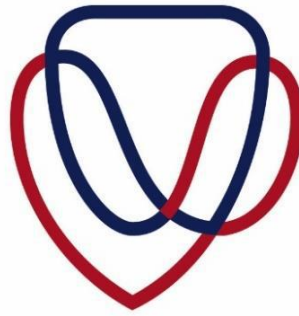
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Student signature

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Date

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA



UFS
EDUCATION

FOR OFFICE USE:

	Approved
	Declined
Reason:	

.....

TLM signature

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Date