



MWALA TECHNICAL & VOCATIONAL COLLEGE



*P.O. Box 07-90102, Mwala
Email: mwalatvc@gmail.com
Tel: 0796536524
Website: www.mwalatvc.ac.ke*

INTER- DEPARTMENTAL TRANSFER FORM

APPLICANT SECTION

Surname.....Other names.....

National ID. Number.....Adm. Number.....

Address.....Mobile Number.....

TRANSFERRING FROM:

Name of Department.....

Class.....

Reason(s) for application for transfer.

1.
.....
2.
.....

TRANSFERRING TO:

Name of Department.....

Class.....

Student's signature.....Date.....

FOR OFFICIAL USE ONLY:

ENDORSEMENT BY THE HEAD OF DEPARTMENT THE STUDENT IS TRANSFERRING FROM:

This section is to be completed by the Head of Department from where the candidate is transferring from:

TRANSFER ENDORSEMENT

YES

☐

NO

☐

Endorsing Officer:

Name.....

Designation.....Sign and stamp.....Date.....

ENDORSEMENT BY THE HEAD OF DEPARTMENT THE STUDENT IS TRANSFERRING TO:

This section is to be completed by the Head of Department from where the candidate is transferring from:

TRANSFER ENDORSEMENT

YES

☐

NO

☐

Endorsing Officer:

Name.....

Designation.....Sign and stamp.....Date.....

REGISTRAR:

TRANSFERRED

YES

☐

NO

☐

Signature..... Date.....