



UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
UNIVERSITY OF DAR ES SALAAM
OFFICE OF THE DEPUTY VICE CHANCELLOR
(ACADEMIC)
DIRECTORATE OF UNDERGRADUATE STUDIES



INTER-UNIVERSITY TRANSFER REQUEST FORM 2024/2025 ACADEMIC YEAR

First Name	
Second Name	
Surname	
Sex	
Nationality	
Physical Disability (If any)	
Date of Birth	
Form 4 index No	
Other Form 4 index No. (If any)	
Form 6 index No. (If any)	
Other Form 6 index No. (If any)	
Your current Institution	
Your current Programme (attach admission letter)	
Name of Programme you wish to transfer at UDSM	
Code of the Programme you wish to transfer at UDSM	
Did you apply for admission at UDSM in 2024/2025 admission cycle? (Yes) (No)	
If Yes write your user name used in UDSM admission system (email used during application)	
Address	
Mobile No:	
Email Address	
Reasons for Transfer	
Signature	
Date	