



DATA LINK INSTITUTE OF BUSINESS AND TECHNOLOGY

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www.datalinkuniversity.com

TRANSFER FORM

Name: Student ID:

Programme:

Year: Contact No:

Student Information

Programme: Degree

Level: 100 200 300 400

Transferring from: To:

Semester: 1st 2nd

Session: Day Evening Weekend

Campus: Tema Accra

Reasons for Transfer:

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Signature: Date:

Please attach a copy of your receipt/ clearance form

OFFICIAL USE: Approved Not Approved

Comments:
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.....

Office of the Registrar

Signature: Date:

Original on student file copy returned to student