



# HOSANNA INTERNATIONAL COLLEGE

PLOT 11879 GOLD & BASE, RAYFIELD, P.O. BOX 6363, JOS, PLATEAU STATE, NIGERIA  
TEL: (+234) 8147558096, 8053268630, 8088915600 e-MAIL: hosintcol@yahoo.com WEB SITE: [www.hicnigeria.com](http://www.hicnigeria.com)

## TRANSFER ADMISSION FORM

PASSPORT  
PHOTOGRAPH

\_\_\_\_\_ ACADEMC YEAR TAF/OL/\_\_\_\_\_

*PLEASE FILL IN CAPITAL LETTERS*

NAME \_\_\_\_\_

SURNAME

FIRST NAME

OTHER NAME

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

(Please attach proof)

NATIONALITY \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_

LOCAL GOVT (OF ORIGIN) \_\_\_\_\_ RELIGION \_\_\_\_\_

NAME OF PARENTS/GUARDIAN \_\_\_\_\_

OCCUPATION OF PARENTS/GUARDIAN: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRIMARY SCHOOL ATTENDED \_\_\_\_\_

PRESENT SECONDARY SCHOOL \_\_\_\_\_

RESULT AT THE END OF ACADEMC YEAR:

CLASS LAST PASSED \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

SEEKING TRANSFER TO WHICH CLASS \_\_\_\_\_

(Please attach previous results)

REASON FOR TRANSFER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Scheduled Examination Date \_\_\_\_\_ TIME \_\_\_\_\_

FOR OFFICIAL USE ONLY

Score \_\_\_\_\_ Remarks \_\_\_\_\_