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**OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, NIGERIA**

**THE POSTGRADUATE COLLEGE**

**“FORM H”**

**RECOMMENDATION FOR APPROVAL OF PANEL OF EXAMINERS FOR TRANSFER FROM MASTER OF PHILOSOPHY TO THE Ph.D. PROGRAMME**

**SECTION A: (*To be completed by the Head of Department*)**

**1. Name of Candidate**:…………………………………………………………………….……

*(Surname in Capitals) (First Name) (Other Name)*

2. **Candidate’s Registration Number**:………………………..…………………………………

3. **Candidate’s Qualifications** (*Stating Degree, Discipline, Class, University and Date*):

…………………………………………………………………………….……………………

…………………………………………………………………………….……………..……..

4. (a) **Degree to which Candidate was Admitted**:……………………..……………………

(b) **Department and Faculty**:………………………………………………………………

(c) **Semester and Session of First Registration**:…………………………………………..

5. **Title of Proposed Thesis**:………………………………………………………………………..

……………………………………………………………………………………………………

……………………………………………………………………………………………………

6. **Panel of Examiners**:…………………………………………………

(a) **Chief Examiner**:……………………………………………..

(b) **Supervisor**:…………………………………………………..

(c) **Co-Supervisor** *(if any*):………………………………………

(d) **Other Examiners (within the Department)** *(at least one)*:……………………………

(e) **Other Examiners (within the Faculty)** *(at least one)*:…………………………………

(f) **Examiner outside the Faculty** (*Postgraduate College Representative)*   
 (g) **Provost/Deputy Provost**: ………………………………...............................…………

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**Chief Examiner’s Signature**

**SECTION B:** (*To be completed by the Chairman, Faculty Postgraduate Committee*)

**Comments of the Faculty Postgraduate Committee**:

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**Name of Chairman, Faculty Postgraduate Committee Signature and Date**