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

**THE POSTGRADUATE COLLEGE**

**"FORM L"**

### APPLICATION FOR CHANGE OF EXAMINERS

**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**. **(i) Degree to which Candidate was Admitted:-------------------------------------------------**

1. **Semester and Session of First Registration:** -----------------------------------------------

**4. Number of Semesters Already Spent:** -----------------------------------------------------------

**5.** **Department and Faculty:** --------------------------------------------------------------------------

**6. Approved Thesis Title:** ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**7**. **Approved Examiners:**

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

**8.** **Date of Board Approval of Panel of Examiners: --------------------------------------------**-

**9**. **Proposed Examiners:**

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

**10.** **Reason(s) for Change**:

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------

**Chief Examiner’s Signature & Date**

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

**Comments of the Faculty Postgraduate Committee**:

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------- ------------------------------------

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