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

**THE POSTGRADUATE COLLEGE**

**"FORM A"**

**THESIS TITLE AND APPOINTMENT OF UNIVERSITY AND EXTERNAL EXAMINERS' FORM**

**SECTION A:** (*To be Completed by the Student*)

**1. Name of Candidate:** ---------------------------------------------------------------------------------

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

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

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

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1. **Department and Faculty into which Candidate was Admitted** *(Specify Semester and Session)***:** -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. **(i) Degree to which Candidate was Admitted** *(State Discipline in Parenthesis)***:**

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1. **Semester and Session of First Registration:** -----------------------------------------------
2. **(i) Title of Proposed Research** *(Should not be more than 22 words)***:**

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**(ii) Statement of Research Problem:**

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1. **(i) Specific Objectives of Research:**

The specific objectives of the research are to:

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**(ii) Expected Contribution to Knowledge:**

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1. **Methodology:**

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1. **Date of Board Approval of Ph.D. Qualifying Examination Result:** -----------------------
2. **Signature of Candidate:** ----------------------------------  **Date** --------------------------------

**SECTION B**

**1.** **Supervisor’s Comments on Candidate’s Proposal as Contained in Section A 7 (i), (ii) and 8:**

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**2. Head of Department’s Comments on Candidate’s Proposal as Contained in Section A 7 (i), (ii) and 8 (***state the department’s capability to undertake the proposed research*)

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**3**. **University Examiners:**

1. **Chief Examiner:** ---------------------------------------------------------------------------------
2. **Supervisor:** ---------------------------------------------------------------------------------
3. **Co-Supervisor** (*if any*)**:** -------------------------------------------------------------------------
4. **Examiner(*s*):** ---------------------------------------------------------------------------------

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**4.** **External Examiner** *(with Status and Address)****:***

**SECTION C**

**1. Comments of the Faculty Postgraduate Committee:**

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**2. Signatures and Dates:**

1. **Supervisor:** ---------------------------------------------------------------------------------------
2. **Co-supervisor** (*if any*)**:** -------------------------------------------------------------------------
3. **Head of Department:** ---------------------------------------------------------------------------
4. **Chairman, Faculty Postgraduate Committee:**

**Name**……………………..……… **Signature**…………………… **Date**………...