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

#  THE POSTGRADUATE COLLEGE

#

#  INTERNAL MEMORANDUM

|  |  |
| --- | --- |
| **FROM:** Provost, Postgraduate College | To:  |
| **Ref. No:** PGC/CON/11.1 | **Date:**  |

**MPH, M.Sc., M.A., M.Phil, Ph.D Oral Examination**

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

**Date of Examination:…………………………………………………………………………….**

**University Examiners**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

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**External Examiners**

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I………………………………………… attest to the fact that this examination held in line with Regulation 16 of Postgraduate Regulations and Guidelines Governing Postgraduate Studies dated 26th January, 2005.

 for: The Provost,
 Postgraduate College.



**OBAFEMI AWOLOWO UNIVERSITY**

**ILE-IFE. NIGERIA**

**OFFICE OF THE PROVOST**

 Websites: [www.oauife.edu.ng/pgcollege](http://www.oauife.edu.ng/pgcollege)

 E-mail: pgcollege@oauife.edu.ng

THE POSTGRADUATE COLLEGE

Provost: Professor Y.A. Ajibade

Ref No: PGC/CON/11 Date: ……………………………..

Department of …………………………………………………………………………………….

Faculty of …………………………………………………………………………………………

Obafemi Awolowo University, Ile-Ife.

Dear………………………………………………………………………………………………..

**BEST WISHES AT MPH/M.Sc./M.Phil./ Ph.D. Oral Examination**

I write on behalf of the Provost and the Board of the Postgraduate College to wish you success in your Oral thesis examination, which holds on……………………………………………………..

However, please note that according to Reg. 36(c) of the Regulation Governing Postgraduate studies, the period of studentship includes the period after the oral examination up to the time of Board approval of the results.

Thank you and best of luck.

Yours sincerely,

 *for: Provost*

*Postgraduate College*

**MPH, M.PHIL, M.Sc. M.A., Ph.D ORAL QUALIFY EXAMINATION**

**Name of the Candidate**:………………………………………………………………………………………………….

**Registration Number**:……………………………………………………………………………………………………..

**Date of Examination**:………………………………………………………………………………………………………

**Department:**……………………………………………………………………………………………………………………

**Faculty**:……………………………………………………………….**Examiner:**……………………………………………

**Chief Examiner**:……………………………………………………**Examiner:**………………………………………….

**Supervisor:**…………………………………………………………. **Examiner:**…………………………………………

**Co-Supervisor**:……………………………………………………. **Examiner:**………………………………………….

**Thesis Title**:…………………………………………………………………………………………………………………….

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

**External Examiner**:………………………………………………………………………………………………………….

**Department**……………………………………………..**University**:…………………………………………………….

**MPH, M.PHIL, M.Sc. M.A., Ph.D ORAL QUALIFY EXAMINATION**

**Name of the Candidate**:………………………………………………………………………………………………….

**Registration Number**:……………………………………………………………………………………………………..

**Date of Examination**:………………………………………………………………………………………………………

**Department:**……………………………………………………………………………………………………………………

**Faculty**:……………………………………………………………….**Examiner:**……………………………………………

**Chief Examiner**:……………………………………………………**Examiner:**………………………………………….

**Supervisor:**…………………………………………………………. **Examiner:**…………………………………………

**Co-Supervisor**:……………………………………………………. **Examiner:**………………………………………….

**Thesis Title**:…………………………………………………………………………………………………………………….

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

**External Examiner**:………………………………………………………………………………………………………….

**Department**……………………………………………..**University**:…………………………………………………….