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

**THE POSTGRADUATE COLLEGE**

**"FORM P"**

### EXCEPTIONAL CASE FOR Ph.D. ADMISSION:

### EXAMINERS’ REPORT

**SECTION A:***(To be Completed by the Chief Examiner)*

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

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

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

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**3**. **Examination Results at Masters Level:**

 **Course Code Course Title Units Grade**

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**4. Faculty:** ------------------------------------------------------------------------------------------------

**5. Department:** -----------------------------------------------------------------------------------------

**6. Proposed Area of Study:** ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**7. Mode of Examination** *(Written, Oral or Both):* -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. Written Examination Results** *(if exam was written):*

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**9. Panel of Examiners:**

1. **Chairman, Faculty Postgraduate Committee:** --------------------------------------------
2. **Chief Examiner:** -------------------------------------------------------------------------------
3. **Proposed Supervisor:** -------------------------------------------------------------------------
4. **Co-Supervisor (***if any***):** ----------------------------------------------------------------------
5. **Other Faculty Examiners:**
6. -----------------------------------------------------------------------------------------------
7. ----------------------------------------------------------------------------------------------
8. **Representative of the Postgraduate College:** ----------------------------------------------

**10. Date of Examination:** -------------------------------------------------------------------------------

**SECTION B:** *(To be Completed by the Examiners)*

**1. Evaluation of the Candidate’s Performance:**

1. **Candidate’s General Knowledge in the Discipline in which the Proposed Examination is Based**:

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1. **Comments on the Candidate’s Research Experience** *(e.g. Masters Research Thesis)***:**

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**(iii) Overall Performance and Recommendation:**

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**2. Signatures:**

1. **Faculty Chairman**:-------------------------------- **Date:** -----------------------
2. **Chief Examiner:** ----------------------------------- **Date:** -----------------------
3. **Proposed Supervisor:** ----------------------------- **Date:** -----------------------
4. **Co-Supervisor (***if any***):** ---------------------------- **Date:** -----------------------
5. **Faculty Examiners:**
6. ----------------------------------------------------- **Date:**------------------------
7. ----------------------------------------------------- **Date:** ------------------------
8. **Postgraduate College Representatives:**
9. ------------------------------------------------------ **Date:**-------------------------
10. ----------------------------------------------------- **Date:** -------------------------

**SECTION C:** *(To be Completed by the Chairman, Postgraduate Committee):*

**Comments of the Faculty Postgraduate Committee**:

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