

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

 **THE POSTGRADUATE COLLEGE**

**“FORM D”**

 **NOTIFICATION OF ORAL EXAMINATION FORM**

**SECTION A**

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

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

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

3. **(i) Degree to which Candidate was Admitted** (*specify Semester and Session):...................*

 **(ii) Semester and Session of First Registration**………………….…………………………

4. **Title of Thesis:……………………………………………………………………………….** ………..……………………………………………………………………………………….

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

5. **Date of Board Approval of Thesis Title and Panel of Examiners**:………………………
 ……………………………………………………………..………………………………….

6. (i) **Proposed Date of Oral Examination**:………………………………………….………

 (ii) **Time**:…………………………………………………………………………….………

 (iii) **Venue**:…………………………………………………………………………….……..

7. We certify that……………………………………………………………….……………has
 satisfactorily completed all the requirements, except this oral examination, for the award of
 the degree.

 (i) **Supervisor**:……………………………. **Date**:……………………………...…..

 **Name and Signature**

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

**Name and Signature**

 **Department**:…………………………….... **Date**:……………………………..…..

8. **Other Examiners Approved by the Board:** .…………...............................................................................................................................

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

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

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

9. **Date of Board Approval of Change in Panel of Examiners** (*If any*):……………………..

**SECTION B**

**Request for Virtual Examination (For Examiners)**

**Date:………………………………………………………………………**

**Time:……………………………………………………………………..**

**Name(s) of Examiner(s):…………………………………………………**

**SECTION C**

**Request for Accommodation/Meals:**

**Name and Address of External Examiner**:………………………………………………….…..

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

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

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

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

**Prof./ Dr./Mr./Mrs**………………………………………………………………………………..

**Will require accommodation and meals as follows:**

**From**:……………………………….………….**To**:………….……………….…………………..
**Date of Arrival**:………………………………..**Date of Departure**:…………………………….

(*The College is not responsible for the meals of University Examiners or the accommodation and meals of the family/friends of the External Examiner(s*))

**SECTION D**

**Comments of Faculty Postgraduate Committee**:

**Chairman, Faculty Postgraduate Committee**:

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