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

**THE POSTGRADUATE COLLEGE**

**"FORM J"**

**TRANSFER FROM M.PHIL. TO THE Ph.D. PROGRAMME (EXAMINERS’ REPORT)**

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

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

**(b) Department and Faculty:** ----------------------------------------------------------------

**(c) Semester and Session of First Registration**: ------------------------------------

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

**1. Date of the Transfer Examination:** -------------------------------------------------

**2. Examiners’ Assessment of Candidate’s Performance:**

1. **On the Oral/Transfer Examination:** ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. **On the Research Proposal:**
3. **Viability of Proposed Research:** ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
4. **Adequacy of Research Methodology:** ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**3. Overall Performance and Recommendation**: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------.----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**4.** **Names and Signatures:**

1. **Chief Examiner**: ------------------------------- ---------- **Date**:----------------------
2. **Supervisor:** ----------------------------------------------- **Date:**----------------------
3. **Co-Supervisor:***(if any)* --------------------------------- **Date**: ---------------------
4. **Faculty Examiner(s):**
5. --------------------------------------------------------- **Date:** ---------------------
6. --------------------------------------------------------- **Date:** ---------------------
7. **Other Examiners Outside the Faculty***(Postgraduate College Representatives):*
8. --------------------------------------------------- **Date:** ---------------------
9. --------------------------------------------------- **Date:** ----------------------

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

**Comments of the Faculty Postgraduate Committee**:

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