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

**THE POSTGRADUATE COLLEGE**

**"FORM M"**

#### APPLICATION FOR CHANGE OF MODE OF STUDY

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

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

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

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

**3. Degree to which Candidate was Admitted:** ----------------------------------------------------

**4. Semester and Session of First Registration:** ---------------------------------------------------

**5. Mode of Study on First Registration**: -----------------------------------------------------------

**6. Number of Semesters Already Spent:** -----------------------------------------------------------

**7. Mode of Study now Required:** --------------------------------------------------------------------

**8. Reason for Change of Mode of Study:** ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**9. Proposed/Approved Thesis Title:**

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**Signature Date**

**SECTION B:** *(To be Completed by the Supervisor/Head of Department)*

**1. Academic Record of Student:**

1. **Courses Taken since First Registration:**

**Course Code Course Title Units Grade**

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1. **Current Stage of Thesis:** -----------------------------------------------------------------

**2. Supervisor’s Comments:** ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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**Supervisor’s Name and Signature Date**

**3. Recommendation by Head of Department**: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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**Head of Department’s Name and Signature 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**