



FOUNTAIN UNIVERSITY, OSOGBO

School of Postgraduate Studies

P.M.B. 4491, OSOGBO, OSUN STATE

Website: <https://www.pg.fuo.edu.ng>; Email: pgschool@fu.edu.ng

M.PHIL/PH.D. AND PH.D. RESEARCH PROPOSAL FORM

FORM No:
PGF 005

(A) STUDENT'S PERSONAL DATA

Date: _____

Name (Surname/First Name/Middle Name): _____

Matric. No. _____ Area/Specialization: _____

Department/Programme: _____ College: _____

Session Admitted: _____ Current Session: _____

Mode of Study (Full-Time/Part-Time): _____

Proposed Research Title: _____

Supervisor: _____

(B) EVALUATION CRITERIA OF RESEARCH PROPOSAL

(b1) Introduction (20%)

(1) Problem statement and motivation for the study (5%): _____

(2) Figures, experiments and summary statistics for background (5%): _____

(3) Justifications and/or significance of study (5%): _____

(4) Definitions of and interactions among variables explicitly explained (5%): _____

(b2) Research Objectives and Research Hypotheses (10%)

(1) Clear aims and objectives (5%): _____

(2) Measurable and achievable objectives (5%): _____

(b3) Literature Review (30%)

(1) Currency and relevancy of literature (10%) _____

(2) Critical review of theoretical, empirical and methodological literature (10%) _____

(3) Gaps in literature and contributions to knowledge (10%) _____

(b4) Materials and Method/Methodology (30%)

(1) Research design (5%): _____

(2) Research Instrument/Technique(s) of Analyses (5%): _____

(3) Data/Population and Sample (5%): _____

(4) Variable Definitions and Expectations (5%): _____

(5) Robustness/Additional Results (5%): _____

(6) Diagnostics/Validity and Reliability (5%): _____

(b5) Limitation(s) to Study and Suggestions for Further Study (10%)

(1) Limitations to the Study (5%): _____

(2) Suggestions for Further Study (5%): _____

(C) AREAS OF IMPROVEMENT

* Itemize the weakness of the application: _____

** Discuss the strength of the application: _____

*** Enumerate areas of improvement(s): _____

(D) EXAMINERS AND AUTHORISATIONS

(1) Chairman _____ Signature _____ Date: _____

(2) Supervisor: _____ Signature: _____ Date: _____

(3) Co-Supervisor (if any): _____ Signature _____ Date: _____

(4) College Representative: _____ Signature _____ Date: _____

(5) Dean, SPGS/Representative: _____ Signature _____ Date: _____

(6) Head of Department: _____ Signature _____ Date: _____

The above was considered at the College Postgraduate Committee at its meeting of _____
and it is hereby recommended for the consideration and approval of the Board of the School of Postgraduate
Studies, Fountain University, Osogbo, Nigeria.

Chairman, College Postgraduate Committee

Signature

Date