



FOUNTAIN UNIVERSITY, OSOGBO

School of Postgraduate Studies

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

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

REQUEST FOR APPROVAL TO CONDUCT ORAL EXAM

FORM No:
PGF 013

THIS FORM IS MEANT FOR MASTERS/M.PHIL/PH.D. CONVERSION AND PH.D. ORAL EXAMS.

1. Department: _____
2. College: _____
3. Name of Candidate: _____
4. Matriculation Number: _____
5. Session of Entry: _____
6. Number of Semesters Completed to Date: _____
7. *Date of Registration of the Current Session: _____
8. Degree in View: _____
9. **Approved Examiner and Reports submitted to Date

S/N	Designation	Name	Report Submitted to SPGS (Yes/No)	If yes, date of submission.
(i)	Head of Department/Chairman			
(ii)	Supervisor			
(iii)	Internal (if applicable)			
(iv)	Internal/External			
(v)	External			

10. ***Proposed date of Examination _____
11. Venue of the Examination: _____
12. Head of Department's Signature _____
13. Comments of the Dean of SPGS _____

**Please attach a copy of the duly completed registration form of the candidate as evidence of registration for the current session. All financial evidences, including payment for Oral Examination, must be attached too.*

***All reports must be in before the approval can be granted for the conduct of the oral examination.*

****The form must be completed and returned to the School of Postgraduate Studies (SPGS) at least one (1) week before the proposed date of the oral examination.*