

**91 Cadastral Zone, University Village Nnamdi Azikeiwe Expressway Jabi Abuja Nigeria.**

**FACULTY OF MANAGEMENT SCIENCES**

**DEPARTMENT OF ACCOUNTING**

**RESEARCH TOPIC FROM**

**NAME OF THE STUDENT:......................................................................................................**

**MATRICULATION NUMBER:.................................................................................................**

**PROGRAMME OF STUDY:.....................................................................................................**

**STUDY CENTRE:,,...................................................................................................................**

**Research Topic:........................................................................................................................**

**Approval:**

**Supervisor’s Remarks...............................................................................................................**

**...................................................................... ...............................................................**

**Supervisor’s Name Signature/Date**

**Centre Director’s Remarks**

**......................................................................................................................................................**

**...................................................................................................................................................**

**......................................................... .................................................................**

**Director’s Name Signature/Date**