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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM B**

**RENEWAL OF REGISTRATION**

**Session**:.............................................................. **Matric Number**: …………...............................................

1. (a) Name in full (CAPITALS, Surname First):........................................................................................

(b) Sex: M [ ] F [ ]

1. Mobile No: ………………………….E-Mail Address:............................................................................
2. Programme/Department:..........................................................................................................................
3. College: ………............................................................................................................................
4. State of Origin/ Nationality:.....................................................................................................................
5. Name of Sponsor:......................................................................................................................................

Address:...................................................................................................................................................

…….............................................................................................................................................................

1. Name of Employer:..................................................................................................................................
2. Degree in view:........................................................................................................................................
3. Date of First Registration: (Month Day, Year e.g. March 9, 2018)
4. Date of Conversion from M.Phil to Ph.D (if applicable)……………………………………………….
5. Mode of study: Full-Time [ ] Part-Time [ ]
6. Total number of semester(s) already completed:.....................................................................................
7. Total number of semester(s) remaining: ………………………………………………………………..

…………………………………… ……………………………………….

Name (Student)Signature & Date

1. Coordinator, Departmental PG Committee:

…….………………………………………….. ……………………………………….

Name Signature & Date

1. Head of Department:

…….…………………………………… ……………………………………….

Name Signature & Date

1. Coordinator, College PG Committee:

………………………………………………….. …………………………………….

Name Signature & Date

1. College Dean

………………………………………………….. ………………………………………

Name Signature & Date

1. Renewal of Registration Confirmed by the School of Postgraduate Studies:
2. Sub-Dean, SPS

……………………………………………. …………………………………..

Name Signature & Date

1. Dean, SPS

……………………………………………. …………………………………..

Name Signature & Date