**COVENANT UNIVERSITY**

** SCHOOL OF POSTGRADUATE STUDIES**

**FORM C1**

**RECOMMENDATION FOR APPOINTMENT OF SUPERVISORS**

1. Name of Student: ……………………………………………………………………………………..
2. Matriculation Number: ……………………………………………………………………………….
3. Programme/Department: ……………………………………………………………………………..
4. College: ……………………………………………………………………………………….
5. Degree in View: ……………………………………………………………………………………….
6. Date of Senate Approval of Coursework Examination Result. (Month Day, Year e.g. March 9, 2018)
7. Proposed Title of Thesis: ………………………………………………………………………………

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

1. Recommended Supervisors:

(a) Name of Supervisor: ……………………………………………………………………………….

Institutional Affiliation: ……………………………………………………………………………

Qualifications: ……………………………………………………………………………………..

Rank: ……………………………………………………………………………………………….

(b) Name of Co-supervisor: …………………………………………………………………………….

Institutional Affiliation: ……………………………………………………………………………..

Qualifications: ……………………………………………………………………………………....

Rank: ………………………………………………………………………………………………..

1. Recommendation:
2. ………………………………… ……………………………………….

Name (Coordinator, Department PG. Committee) Signature & Date

1. …………………………………… ………………………………………

Name (HOD) Signature & Date

1. …………………………………………… ……………………………………….

Name (Coordinator, College PG Committee) Signature & Date

1. ………………………………………….. ……………………………………….

Name (Dean of College) Signature& Date

1. …………………………………………. …………………………………………

Name (Sub-Dean, SPS) Signature & Date

1. ………………………………………… ……………………………………….

Name (Dean (SPS) Signature& Date