**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM C2**

**APPLICATION FOR CHANGE OF SUPERVISOR(S)**

**SECTION A:** (To be completed by student)

1. Name of Candidate: …………………………………………………………………………………….

(Surname in Capitals) (First Name) (Other names)

1. Matriculation No: ………………………………………………………………………………………..
2. (a) Degree to which candidate was admitted: …………………………………………………………...

(b) Semester and Session of first Registration: ………………………………………………………….

1. Number of Semesters already spent: ……………………………………………………………………
2. Programme/Department: ………………………………………………………………………………..
3. College: ………………………………………………………………………………………….

Title of Thesis: Proposed [ ], Approved [ ] ………………………………………………………..

1. Approved Supervisor(s): (title/first name/initials /surname e.g. Prof. John A. Ajani)

(a) Supervisor: …………………………………………………………………………………………

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

1. Date of Senate Approval**:** (Month Day, Year; e.g. March 9, 2018)
2. Reason(s) for the change: ………………………………………………………………………………

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

1. Proposed Supervisor(s):

(a) Supervisor: …………………………………………………………………………………………

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

\*New Supervisor/Co-Supervisor)

**SECTION B:**

1. Comments of the Coordinator, Departmental PG Committee ……………………………………

…………………………………………………………………………………………………………

…………………………………………… ……………………………………….

Name (title, first name, initials surname) Signature & Date

1. Comments of the Head of Department:

……………………………………………………………………………………………………………

…………………………………………… ……………………………………….

Name Signature & Date

1. Comments of the Coordinator, College PG Committee: ……………………………………………

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Name Signature & Date ****

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1. Dean of College Signature & Date

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1. Sub-Dean (SPS) Signature & Date
2. ………………………………… …………………………………….

Dean (SPS) Signature & Date