

**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM E**

**APPLICATION FOR CHANGE OF EXAMINER(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: ………………………………………………………………………………………….
4. Title of Thesis: Proposed [ ], Approved [ ] ………………………………………………………..

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

1. Type of Examination: …………………………………………………………………………………..
2. Approved Examiners: (Title, First name, initials, Surname e.g. Prof. John A. Ajani)

(a) Chief Examiner: ……………………………………………………………………………………

(b) Other Examiners: (College Examiners, SPS Rep, External Examiners)

* 1. ……………………………………………………………………………………………
  2. ……………………………………………………………………………………………
  3. ……………………………………………………………………………………………
  4. ……………………………………………………………………………………………
  5. ……………………………………………………………………………………………

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

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

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

1. Proposed Examiner(s): ( Title, First name, initials, Surname e.g. Prof. John A. Ajani)

(a) Chief Examiner: ……………………………………………………………………………………

(b) Other Examiners:

* 1. ……………………………………………………………………………………………
  2. ……………………………………………………………………………………………
  3. ……………………………………………………………………………………………
  4. ……………………………………………………………………………………………..
  5. …………………………………………………………………………………………….

\*New Examiner

**SECTION B:**

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

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

…………………………………………… ……………………………………….

Name Signature & Date

1. Comments of the Head of Department:………………………….......................................................

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

…………………………………………… …………………………………………

Name Signature & Date

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

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

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

Name Signature & Date

1. Comments of the Dean of College ……………………………………………………………………..

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

…………………………………………….. ………………………………………….

Name Signature & Date

**SECTION C:**

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

Name (Sub-Dean, SPS) Signature & Date

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

Name (Dean, SPS) Signature & Date