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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM F2**

**EXAMINERS’ REPORT ON Ph.D PROPOSAL DEFENCE**

**SECTION A:** (To be completed by Head of Department)

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

(Surname in Capitals) (First) (Other Names)

1. Matriculation Number: ………………………………………………………………………………….
2. Qualifications (showing class, date and University): e.g. B.Sc Economics, 21, 2006, Covenant University

(a) Bachelor’s degree: …………………………………………………………………………………..

(b) Master’s degree: ……………………………………………………………………………………..

1. Programme/Department: ………………………………………………………………………………...
2. College: …………………………………………………………………………………………
3. (a) Degree to which Candidate was Admitted: …………………………………………………………

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

1. Title of Proposed Thesis: ……………………………………………………………………………….

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

1. Panel of Examiners: (Title, First name, initials, Surname e.g. Prof. John A. Ajani)

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

(b) Supervisor: …………………………………………………………………………………

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

(d) Other College Examiners:

* 1. ………………………………………………………………………………………….
  2. ………………………………………………………………………………………….

(e) Representative of School of Postgraduate Studies:……………………………………………

**SECTION B:** (to be completed by the Examiners)

1. Date of Examination: …………………………………………………………………………………..
2. Evaluation of the Candidate’s Performance:
3. The Candidate’s general knowledge in the discipline in which the proposed research is based:

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

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1. Viability of the proposed research:

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

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1. Adequacy of research methodology:

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

1. Likely contributions to knowledge:

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

1. Areas of deficiency:

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1. Overall Performance (%): ………………………………..……………………………….....
2. Recommendation:

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

1. Signatures:

(a) Chief Examiner: ……………………………………………. Date: ………………………….

(b) Supervisor: …………………………………………………. Date: …………………………

(c) Co-supervisor: ……………………………………………… Date: …………………………..

(d) College Examiners:

(i) …………………………………………………………... Date: …………………………..

(ii) …………………………………………………………. Date: …………………………..

(e) Representative of School of Postgraduate Studies:

(i) …………………………………………………………. Date: ………………………….

**SECTION C:** (**To be completed by the Designed Officers**)

1. Coordinator, Departmental Postgraduate Committee

…………………………………………… …………………………………………

Name Signature & Date

1. Head of Department

…………………………………………… …………………………………………

Name Signature & Date

1. Coordinator, College Postgraduate Committee

……………………………………… ……………………………………..

Name Signature & Date

1. Dean of College

………………………………………. ……………………………………..

Name Signature & Date

1. Dean, Sub-SPS

………………………………………. ……………………………………...

Name Signature & Date

1. Dean, SPS

………………………………………. ……………………………………...

Name Signature & Date.