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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM G**

**CONVERSION FROM M.Phil/Ph.D TO Ph.D PROGRAMME**

**(EXAMINERS’ REPORT)**

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

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

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

1. Matriculation No: ……………………………………………………………………………………….
2. Qualifications (showing class, date & University):e.g. B.Sc Economics, 21, Covenant University

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

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

1. Degree to which candidate was admitted: ……………………………………………………………..
2. Programme/Department: ……………………………………………………………………………….
3. College: ………………………………………………………………………………………..
4. Semester and Session of first Registration: ……………………………………………………………
5. Results of Coursework:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **COURSE CODE** | **COURSE TITLE** | **UNITS** | **SCORE (%)** | **GRADE** |
| 1 | EDS 911 |  |  |  |  |
| 2 | TMC 911 |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |

(b) CGPA: ……………………………………………………………………………………………………

1. Names and 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 B**

1. Comments of the Coordinator, Departmental Postgraduate Committee:

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

………………………………………………. …………………………………………

Name Signature and Date

1. Head of Department:

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

………………………………………………. …………………………………………

Name Signature and Date

1. Comments of the Coordinator, College Postgraduate Committee:

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

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

Name Signature and Date

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

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Name Signature & Date

1. Comments by the Sub-Dean, SPS ……………………………………………………………………..

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Name Signature & Date

1. Comments by the Dean, SPS ……………………………………………………………………………

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Name Signature & Date