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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM H**

**RECOMMENDATION FOR APPROVAL OF PANEL OF EXAMINERS FOR Ph.D POST-FIELD DEFENCE**

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

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

(Surname in Capitals) (First Name) (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. (a) Degree to which Candidate was Admitted: …………………………………………………………

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

1. Date of Senate Approval of Coursework Result: (e.g., March 9, 2018)
2. Date of Departmental Post-field Seminar: (e.g., March 9, 2018)
3. Title of Proposed Thesis: ……………………………………………………………………………….

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

1. **Panel of Examiners**: (Title, First name, initials, Surname (e.g. Prof. John A. Ajani)
   1. Chief Examiner: ……………………………………………………………………………
   2. Supervisor: …………………………………………………………………………………
   3. Co-supervisor: ……………………………………………………………………………..
   4. Other College Examiners:
      1. ………………………………………………………………………………………….
      2. ………………………………………………………………………………………….
2. Comments of the Coordinator, Departmental Postgraduate Committee: ……………………………

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

…………………………………………… …………………………………………

Name Signature & Date

…………………………………………… ………………………………………...

Name (HOD) Signature & Date

**SECTION B:**

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

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

………………………………………..… …………………………………………

Name Signature & Date

1. Comments by the Dean of College

……………………………………. …………………………………………

Name Signature & Date

**SECTION C:**

1. ……………………………………………………………….

Representative of the School of Postgraduate Studies (SPS)

………………………………………..…

1. Name (Sub-Dean, SPS) Signature & Date

……………………………………….

1. Name (Dean, SPS) Signature & Date