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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM I**

**EXAMINERS’ REPORT ON Ph.D POST-FIELD DEFENCE**

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

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

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

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. ………………………………………………………………………………………….

…………………………………………… ……………………………………….

Name (HOD) Signature & Date

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

1. Date of Examination: (e.g., March 9, 2018)
2. Evaluation of the Candidate’s Performance:
3. Candidate’s general knowledge in the discipline in which the proposed research is based:

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1. Viability of the research:

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1. Adequacy of research methodology:

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

1. Contribution(s) 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:

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

**SECTION C:**

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, College

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

Name Signature & Date

1. Sub-Dean, SPS

………………………………………….. ……………………………………………

Name Signature & Date

1. Dean, SPS

………………………………………….. ……………………………………………

Name Signature & Date