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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM L**

#### RECOMMENDATION FOR APPROVAL OF PANEL OF ASSESSORS FOR Ph.D THESIS

**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 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 Assessors:
2. External:

(a) (i) Name: ………………………………………………………………………………………

(ii) Rank: ……………………………………………………………………………………….

(iii) Institutional Affiliation (Name of Institution/ Town): …………………………………….

(b) (i) Name: ………………………………………………………………………………………

(ii) Rank: ……………………………………………………………………………………….

(iii) Institutional Affiliation: ……………………………………………………………………

1. Internal:

(i) Name: ………………………………………………………………………………………

(ii) Rank: ……………………………………………………………………………………….

(iii) Department: ………………………………………………………………………………..

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Name (Coordinator, Departmental PG Committee) Signature & Date

……………………………………………………….. …………………………………

Name (Head of Department) Signature & Date

**SECTION B:**

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

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Name Signature & Date

1. Dean, College …………………………………………….......................................................................

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Name Signature & Date

1. Sub-Dean, SPS ………………………………………………………………………………………..

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Name Signature & Date

1. Dean, SPS ……………………………………………………………………………………………….

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Name Signature & Date