**COVENANT UNIVERSITY**

** SCHOOL OF POSTGRADUATE STUDIES**

**FORM M**

**APPOINTMENT OF EXAMINERS FOR Ph.D THESIS DEFENCE**

1. Name of Student:………………………………………………………..................................................

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

1. Matriculation Number: …………………………………………………….............................................
2. Programme/Department: ……………………………………………………………………...................
3. School/College:……………………………………………………………………................................
4. Area of Specialization: ……………………………………………………………………......................
5. Date of first Registration:….....................................................................................................................
6. Date Registered for the Current Session: ……………………………………………..............................
7. Mode(s) of Study (with dates): Full-Time/Part-Time:…………………………………...........................
8. Date of conversion from M.Phil to Ph.D (where applicable):.................................................................
9. Title of Thesis:.........................................................................................................................................
10. Date of Registration of Title of Thesis: (e.g., March 9, 2018)

Proposed Examiners:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***S/N*** | ***Name*** | ***Highest Academic &/or Professional Qualification*** | ***Academic Rank*** | ***Area of Specialization*** | ***Role*** |
| 1. |  |  |  |  | Chief Examiner |
| 2. |  |  |  |  | Supervisor |
| 3. |  |  |  |  | Co-supervisor |
| 4. |  |  |  |  | Examiner (College) |
| 5. |  |  |  |  | Examiner (College) |
| 6. |  |  |  |  | External Examiner\* |

\* Affiliation: ....................................................................................................................................................

1. Brief write up on External Examiner (Below the rank of Professor): …………………………………..

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

……………………………………………………….. …………………………………

Name (Head of Department) Signature & Date

……………………………………………………….. …………………………………

Name (Coordinator, Departmental Committee) Signature & Date

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

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

………………………………………… …………………………………

Name Signature & Date

Representative of School of Postgraduate Studies:

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

1. Name (Dean of College) Signature & Date

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

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

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

1. Name (Dean, SPS) Signature & Date