****

**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM O**

**NOTIFICATION OF ORAL EXAMINATION OF Ph.D THESIS**

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

(Surname in Capitals) (First) (Other names)

1. Matriculation No: ………………………………………………………………………………………..
2. Programme/Department: ………………………………………………………………………………..
3. College: …………………………………………………………………………………………
4. (i) Degree to which candidate was admitted: ……………………………………………………………

(ii) Current Semester and Session: ………………………………………………………………………

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

1. Title of Thesis: …………………………………………………………………………………………..

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

1. Date of Senate Approval of Thesis Title: ………………………………………………………………
2. Date of Senate Approval of Panel of Examiners: ……………………………………………………….
3. (i) Proposed Date of Oral Examination: (e.g., March 9, 2018)
4. Time: ………………………………………………………………………………………………..
5. Venue: ………………………………………………………………………………………………
6. We Certify that the candidate, ……………………………………………………....., has satisfactorily completed all the requirements for the award of degree, except this oral examination.
7. (i) Chief Examiner (HOD): …………………………………. ………………………………..

Name Signature& Date

(ii) Supervisor: ………………………………………………. ………………………………..

Name Signature & Date

(iii) Co-supervisor: …………………………………………… ………………………………..

Name Signature & Date

1. Other Examiners approved by the Committee:

(iii) ……………………………………………………………………………………………………….

(iv) ……………………………………………………………………………………………………….

(v) ……………………………………………………………………………………………………….

(vi) ……………………………………………………………………………………………………….

(vii) ………………………………………………………………………………………………………

1. Date of Committee approval of change in Panel of Examiners (if any): ………………………………

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

1. Dean, School of Postgraduate Studies

……………………………………………….. …………………………………

Name Signature & Date