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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM S**

**CERTIFICATION OF SATISFACTORY AMENDMENTS OF THESIS (AS REQUIRED)**

**SECTION A:** (To be completed by student)

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

(Surname in capitals) (First Name) (Other Names)

1. Matriculation No: ………………………………………………………………………………………..
2. Qualifications: ……………………………………………………………………………………….......
3. Programme/Department: ………………………………………………………………………………...
4. College: ………………………………………………………………………………………….
5. Degree in View: …………………………………………………………………………………………
6. Degree to which candidate was admitted: ………………………………………………………………
7. Semester and session of first registration: ………………………………………………………………
8. Title of Thesis: …………………………………………………………………………………………..

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

1. Date of Oral Examination: (e.g., March 9, 2018)
2. Date of submission of corrected thesis: …………………………………………………………………

**SECTION B:** (To be completed by the Examiners, including External Examiner(s) (where possible)

1. (a) We certify that: …………………………………………………………………………………......

(Surname) (First Name) (Other Names)

(Matriculation No: ……………………………) has satisfactorily effected the amendments pointed out in paragraph ………………………………………… of Form R

(b) Signature of persons certifying amendments effected

(i) ……………………………………………….. …………………………………………

Name of Supervisor Signature & Date

(ii) …………………………………..… ………. ………………………………………….

Name of Co-supervisor Signature & Date

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

Name of Chief Examiner Signature& Date

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

Name of Departmental Examiner Signature &Date

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

Name of College Examiner Signature & Date

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

Name of SPS Representative Signature & Date

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

Name of External Examiner Signature& Date

**SECTION C**

1. Comments of the Coordinator, College Postgraduate Committee:

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

Name Signature& Date

1. Comments of the Dean of College:

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

Name Signature& Date

1. Comments of the Sub-Dean, School of Post Graduate Studies:

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Name Signature& Date

1. Dean, SPS

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

Name Signature & Date