

UNIVERSITY OF IBADAN, IBADAN, NIGERIA

THE POSTGRADUATE COLLEGE

FACULTY/INSTITUTE/CENTRE/SCHOOL OF

REQUEST FOR M.Phil./Ph.D. CONVERSION EXAMINATION

NAME OF STUDENT:

MATRICULATION NUMBER:

DEPARTMENT:

FIELD OF STUDY:

DATE OF FIRST REGISTRATION
FOR THE CURRENT PROGRAMME:

DATE OF REGISTRATION FOR
THE CURRENT SESSION:

MODES OF STUDY (WITH DATES):

Full-Time:

Part-Time:

PROPOSED DATE OF EXAMINATION:

WORKING TITLE OF THESIS:

SUPERVISOR(S):

PROPOSED EXAMINERS:

S/N	Name	Highest Academic Qualification	Academic Rank	Area of Specialisation	Role
1					Chairman
2					Supervisor
3					Co-Supervisor
4					Internal External
5					PG Coordinator
6					Sub-Dean (PG)

Brief write up on why the Internal Examiner is appointed:

Date of the Examination:

Time of the Examination:

Venue of the Examination:

Comments of the Head of Department:

Professor & Head/Ag Head

Comments of the Provost, Postgraduate College:

Provost/Deputy Provost

Note: This request must be submitted at least one week before the date of the examination.

The last registration form of the student must be attached to this request.

Any examination conducted without approval or at a different venue/date is null and void.