

**UNIVERSITY OF IBADAN POSTGRADUATE  
COLLEGE  
ORAL EXAMINATION PROCESSING FORM**

1. NAME OF CANDIDATE.....MATRIC. NO.....  
 2. DEPARTMENT.....  
 3. REGISTRATIONS:

	SEMESTER	MODE	COURSE
1 <sup>st</sup> Registration	19/.../...	F/T or P/T	for.....
(i) Renewal	19/.../...	F/T or P/T	for.....
(ii) Renewal	19/.../...	F/T or P/T	for.....
(iii) Renewal	20/.../...	F/T or P/T	for.....
(iv) Renewal	20/.../...	F/T or P/T	for.....
(v) Renewal	20/.../...	F/T or P/T	for.....
(vi) Renewal	20/.../...	F/T or P/T	for.....
(viii) Renewal	20/.../...	F/T or P/T	for.....

4. DATE OF REGISTRATION OF THESIS:.....  
 5. DATE OF CONVERSION (if any) FROM..... TO.....  
 6. EXAMINERS REPORTS:

- (i) Prof/Dr .....EXTERNAL Pos./Neg. Date.....  
 (ii) Prof/Dr .....INTERNAL Pos./Neg. Date.....  
 (iii) Prof/Dr .....INTERNAL Pos./Neg. Date.....  
 (iv) Prof/Dr .....CO-SUPERVISOR Pos./Neg. Date.....  
 (v) Prof/Dr .....INTERNAL Pos./Neg. Date.....

7. REMARKS ON 3 – 6 Above.....  
 8. HOD’S PROPOSED DATE OF ORAL.....ACCOMM. REQUIRED? YES/NO  
 9. EXAM. FEE PAID YES/NO ₦20,000 RECEIPT NO.....  
 10. OTHER REMARKS..... SIGNATURE.....

FROM: AR (E)  
POSTGRADUATE COLLEGE

TO: PROVOST  
POSTGRADUATE COLLEGE

DATE: .....

Approval for Date of Oral Examination. Re: .....

Please approve conduct of Oral Examination as proposed by Head.

Venue of Oral Examination

Department of .....

Here are..... favourable reports on the merit of the candidate’s thesis.

His records are in order.

AR(E)

