

UNIVERSITY OF IBADAN
POSTGRADUATE COLLEGE

**REQUEST FOR APPROVAL TO CONDUCT
M.PHIL/MPH/PhD/M.D. ORAL EXAMINATION**

1. Department:.....
2. Faculty:.....
3. Name of Candidate:.....
4. Matric No.:.....
5. Year of Entry:.....
6. Number of Semesters completed to date:.....
7. *Date of Registration for the Current Session:.....
8. Degree in View:.....
9. **Approved Examiner and reports submitted to date:

		Name	Reports submitted to PG College (Yes/No)	If Yes, date of submission
i	Head of Department/chairman			
ii	Supervisor			
iii	Internal (if applicable)			
iv	Internal/External			
v	External			

10. ***Proposed date of Examination:.....
11. Venue of the Examination:.....
12. Head of Department's Signature:.....
13. Comments of the Provost Postgraduate:.....
.....

*Please attach a copy of the duly completed registration form of the candidate as evidence of registration for the current session.

**All reports must be in before an approval can be granted for the conduct of an oral examination.

***This form must be completed and returned to the Postgraduate College at least Two weeks before the proposed date of oral examination