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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Reports submitted to PG College (Yes/No)</th>
<th>If Yes, date of submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>i Head of Department/chairman</td>
<td></td>
<td></td>
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<tr>
<td>ii Supervisor</td>
<td></td>
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<tr>
<td>iii Internal (if applicable)</td>
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<tr>
<td>iv Internal/External</td>
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<tr>
<td>v External</td>
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</table>

10. ***Proposed date of Examination:…………………………………………………………

11. Venue of the Examination:………………………………………………………………

12. Head of Department’s Signature:…………………………………………………………

13. Comments of the Provost Postgraduate:…………………………………………………

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*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.