



**UNIVERSITY OF IBADAN
THE POSTGRADUATE SCHOOL
APPLICATION FOR SCHOLARSHIP AWARD**

PLEASE PRINT ALL ENTRIES

1. Surname:..... Other Names:.....
2. Sex: Male () Female () 3. Marital Status: Single () Married () Divorce ()
4. Date of Birth: 5. Nationality:
6. State of Origin (Nigerians only):
7. Department/Faculty:.....
8. E-mail: 9. Telephone No.
10. Universities attended with dates:
 - i.
 - ii.
 - iii.
11. First Degree and date obtained:.....
12. Class of degree:.....
13. Master Degree and date obtained.....

14. Overall Weighted Average Score/CGPA at Master Degree Level:.....

15. Scholarship, Fellowships and Prizes Received in the Past/Presently being enjoyed:

i.

ii.

iii.

16. Proposed title of PhD thesis.....

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17. Supervisor(s):.....

18. Date of 1st registration for Ph.D Programme.....

19. Date of Registration for the current session as signed by the Secretary Postgraduate
College:.....

20. Mode of registration for the current session: Full Time () Part Time ()

21. Sponsorship: Give name and contact address of your sponsor:

(i) Name:

(ii) Address:

.....

22. Give any other information you consider relevant to this application:

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.....
.....
.....

Applicant's Signature

Date

Endorsement by Head of Department:..... Date.....

Endorsement by Dean/Director of Faculty/Institute: Date.....

IMPORTANT NOTICE

*Please attach copies of **ALL** your credential, curriculum vitae, **PhD proposal**, commitment letter, and **evidence of registration for the current session** to this application form.*