***"UNIMED PGS FORM A"***

**UNIVERSITY OF MEDICAL SCIENCES,**



**LAJE ROAD, ONDO**

**THE POSTGRADUATE SCHOOL**

**THESIS TITLE REGISTRATION AND APPOINTMENT OF UNIVERSITY AND EXTERNAL EXAMINERS FORM**

**SECTION ONE**

(*To be Completed by the Candidate*):

**1. Name of Candidate:** …………………………………………………………....................

(*First Name*) (*Other Name*) (*Last Name in Capitals*)

**2. Candidate’s Registration Number: ………………………………………………………**

1. **Candidate’s Qualifications (***Stating Degree, Discipline, Class, University*

*and Date*):…………………………………………………………………………………

1. **Department and Faculty into which the Candidate was Admitted with Date:**

……………………………………………………………………………………………..

1. **(i) Degree into which Candidate was Admitted:**

**(ii) Semester and Session of First Registration:**

**6. (i) Title of Proposed Research:**

**(ii) Statement of Research Problem:**

**7. (i) Specific Objectives of Research:**

**(ii) Expected Contribution to Knowledge:**

**8. Research Methodology:**

**9. Signature of Candidate:** ……………………… **Date:** …………………………

**SECTION TWO**

1. **Supervisor’s Comments on Candidate’s Proposals as Contained in Section ONE 7 (i),**

**(ii) and, 8:………………………………………………………………………………………….**

1. **Head of Departments Comments on Candidate’s Proposals as Contained in Section ONE**

**7 (i), (ii) and 8:……………………………………………………………………………….……**

**3**. **University Examiners:**

**(a) Chief Examiner:**

**(b) Supervisor:**

**(c) Co-Supervisor (s) (if any):**

**(d) Internal Examiners:**

(i) From the Department

(ii) From Cognate Department

**4. External Examiner** (*with Status and Address*):

**SECTION THREE**

**1. Comments of the Faculty Postgraduate Committee:**

**2. Signatures and Dates:**

**(a) Supervisor:** .................................................................................... **(b) Head of Department**: .................................................................... **(c) Faculty PG Sub-Dean:…………………………………………….**

**Name: Signature**............................ **Date**.............................

***“UNIMED PG FORM B”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**POSTFIELD SEMINAR PRESENTATION FORM FOR POSTGRADUATE STUDENTS**

**Section “A”**

(To be completed by the candidate)

1. Name of Candidate: …………………………………………………………....................................

(*First Name*) (*Other Name*) (*Last Name in Capitals*)

1. Candidate’s Matriculation Number: …………………………………………………………………………

3. Candidate’s Qualification(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **INSTITUTION** | **QUALIFICATION** | **CLASS/CGPA** | **DATE** |
| **i.** |  |  |  |  |
| **ii.** |  |  |  |  |
| **iii.** |  |  |  |  |

1. Have you done any (Pre-Field) seminar before? If Yes when? ………………………………………………

…………………………………………………………………………………………………………………

1. (i) Degree programme into which candidate was admitted with date: ………………..…………………….

……………………………………………………………………………………………………………….…

(ii) Option (where applicable): ………………………………………………………………………………

1. Department/Unit/Faculty/School into which candidate was admitted:………………………………………

…………………………………………………………………………………………………………………

1. (i) Date of First Registration: ………………………………………………………………………………

(ii) Mode of Study (Full-Time/Part-Time): ………………………………………………………………

(iii) Period spent to-date (in months): ………………………………………………………………………

8. Approved Thesis Title: ………………………………………………………………………………………

…………………………………………………………………………………………………………………

**Candidate’s Signature: ………………………………… Date: ………………………………**

**Section “B”**

**(To be completed by the Department)**

1. Approval of Course-Work Examination Results by the Postgraduate School

|  |  |  |  |
| --- | --- | --- | --- |
| First semester | Session: | **YES** | **NO** |
| Second semester  Third semester | Session  Session | **YES**  **YES** | **NO**  **NO** |
| 2. Ratification of Course-Work Examination Results by Senate | | | |
|  | | **YES** | **NO** |
| Second semester Session | | **YES** | **NO** |
| Third semester Session | | **YES** | **NO** |
| 3. University Examiners | |  |  |
| (a) Chief Examiner: | |  |  |
| (b) Main Supervisor: | |  |  |
| (c) Co–Supervisor (If any): | |  |  |
| (d). Internal-External Examiner(s): | | (i) …………………………….. | (ii) …………………………….. |

4. Supervisor’s comments on candidate’s seminar as contained in Section ‘A’ 9(i), (ii) and 10:

**Supervisor’s Name:**

**Signature: ………………………………………. Date: …………………………………**

5. Head of Department’s comments on candidate’s seminar as contained in Section ‘A’

**HOD’S Name:**

**Signature: ………………………………………. Date: …………………………………**

6. Comments of the Sub-Dean Postgraduate

**Approved Not Approved**

**Name: ……………………………………………………………………………………………………**

**Signature: ………………………………………. Date: …………………………………**

**Section “C”**

**TO BE COMPLETED BY THE BOARD OF POSTGRADUATE SCHOOL**

1. Comments of the Board of Postgraduate School

**Approved Not Approved**

2. Dean, Postgraduate School

**Name: ……………………………………………………………………………………………………**

**Signature: ………………………………………. Date: …………………………………**

***“UNIMED PG FORM C”***

**UNIVERSITY OF MEDICAL SCIENCES**



**LAJE ROAD, ONDO**

**THE POSTGRADUATE SCHOOL**

**CANDIDATE ABSTRACT FORM**

**Section “A”**

(To be completed by the candidate)

1. Name of Candidate: ………………………………………………………....................................

(*First Name*) (*Other Name*) (*Last Name in Capitals*)

2. Candidate’s Matriculation Number: ………………………………………………………………

3. Title of Thesis:…………………………………………………………………………………….

………………………………………………………………………………………………

4. The body of the abstract must be in 4 paragraphs consisting of the following:

i: Introduction and aims of the study ii: Methodology

iii: Results and discussion iv: Conclusion

*Footnote: 5 keywords.*

*Maximum number of words 500.*

Supervisor’s comments on candidate’s abstract

**Supervisor’s Name:**

**Signature: ………………………………………. Date: ………………………………**

5. Head of Department’s comments on candidate’s abstract

**HOD’S Name:**

**Signature: ………………………………………. Date: …………………………………**

6. Comments of the PG Chairman Abstract Committee/ Faculty Sub-dean Postgraduate

**Approved Not Approved**

**Name: ……………………………………………………………………………………………**

**Signature: ……………………………………… Date: …………………………………**

**Section “B”**

**TO BE COMPLETED BY THE BOARD OF POSTGRADUATE SCHOOL**

1. Comments of the Postgraduate Abstract Review Committee

**Approved Not Approved**

2. Dean, Postgraduate School

**Name: …………………………………………………………………………………………**

**Signature: ……………………………………… Date: …………………………………**

***“UNMIED PG FORM D”***

**UNIVERSITY OF MEDICAL SCIENCES**



**LAJE ROAD ONDO**

**THE POSTGRADUATE SCHOOL** *(Confidential)*

EXTERNAL AND INTERNAL EXAMINERS PRELIMINARY REPORT ON

THESIS/DISSERTATION

Name of candidate: ……………………………………………………………………………… Department: ……………………………………………………………………………………….

Title of thesis/dissertation: ………………………………………………………………………..

….…………………………………………………………………………………………………

Name of external examiner: …………………………………………………………………….

1. Examiner’s Report:

(a) Adequacy of the research design:

(b) Execution of project:

(c) Candidate’s knowledge and use of existing literature on the subject:

(d) Specific nature of the contribution of the thesis to knowledge in the discipline:

(e) Literary and technical presentation of the thesis:

(f) Details of any deficiency, errors gaps or other matters:

2. Other details to be attended to:

3. REMARKS: Thesis/Dissertation has merit for examination:

Yes No

4. **Name/Signature of examiner**: …………………………… **Date**: ………………

***”UNMIED PG FORM E”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**

**THE POSTGRADUATE SCHOOL**

**NOTIFICATION OF ORAL EXAMINATION FORM**

**Section “A”**

1. **Name of Candidate**:…………………………………………………………………….……

*(Surname in Capitals) (First Name) (Other Name)*

2. **Candidate’s Registration Number**:………………………..…………..……………………

3. **(i) Degree to which Candidate was Admitted** (*specify Semester and Session):...................*

**(ii) Semester and Session of First Registration**………………….…………………………

4. **Title of Thesis:……………………………………………………………………………….**

………..……………………………………………………………………………………….

………………………………………………………………………………………………..

5. **Date of Board Approval of Thesis Title and Panel of Examiners**:………………

……………………………………………………………..………………………………….

6. (i) **Proposed Date of Oral Examination**:………………………………………….……… (ii) **Time**:…………………………………………………………………………….……… (iii) **Venue**:…………………………………………………………………………….……..

7. We certify that……………………………………………………………….……………has satisfactorily completed all the requirements, except this oral examination, for the award of the degree.

(i) **Supervisor**:………………………………………….. **Date**:…………………

Name and Signature

(ii) **Chief Examiner**:…………………………………………………………………..…......

Name and Signature

**Department**:……………………………..…………… **Date**:……………………

8. **Other Examiners Approved by the Board:**

.…………...............................................................................................................................

……………………………………………………………………………………………….

……………………………………………………………………………………………….

………………………………………………………………………………………………..

9. **Date of Board Approval of Change in Panel of Examiners** (*If any*):……………………..

**Section “B”**

**Request for Virtual Examination (For Examiners) Date:……………………………………………………………………… Time:…………………………………………………………………….. Name(s) of Examiner(s):…………………………………………………**

**Section “C”**

**Request for Accommodation/Meals:**

**Name and Address of External Examiner**:………………………………………………….…..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

**Prof./ Dr./Mr./Mrs**………………………………………………………………………………..

**Will require accommodation and meals as follows: From**:……………………………….………….**To**:………….……………….………………….. **Date of Arrival**:………………………………..**Date of Departure**:…………………………….

(*The Postgraduate School is not responsible for the meals of University Examiners or the accommodation and meals of the family/friends of the External Examiner(s*))

***“UNMIED PG FORM F”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**APPLICATION FOR EXTENSION OF TIME TO FINISH POSTGRADUATE WORK**

**Section “A”** *(To be completed by the Candidate)*

**1. Name of Candidate**: ……………………………………………………................................

(*First Name*) (*Other Name*) (*Last Name in Capitals*)

**2. Candidate’s Matriculation Number:** ----------------------------------------------------------------

**3. (i) Degree to which Candidate was Admitted:** -----------------------------------------------------

**(ii) Semester and Session of First Registration:** ----------------------------------------------------

**4. Mode of Study** *(Part-time or Full-time):* --------------------------------------------------------------

**5. Number of Semesters Already Spent:** ----------------------------------------------------------------

**6. Date of Board Approval of Form A:** ------------------------------------------------------------------

**7. Thesis Title as Approved by the Postgraduate College: ------------------------------------------**

**----------------------------------------------------------------------------------------------------------------**

**8. Period of Extension Requested by the Candidate:** ------------------------------------------------

**9. Reason for the Extension:**

----------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------

---------------------------------------------------- **Date:** --------------------------------

**Signature of Candidate**

**Section “B”** *(To be Completed by the Head of Department)*

**1. Academic Record of Student:**

**(a) Weighted Average (%) of Coursework Results:** --------------------------------------------

**(b) Current Stage of Thesis:** ---------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. **Supervisor’s Comments:**----------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------- ……………………

**Supervisor’s Name and Signature** **Date:**

|  |  |
| --- | --- |
| **3.** | **Recommendations by the Head of Department:** |
|  | -------------------------------------------------------------------------------------------------------------------------- |
|  | -------------------------------------------------------------------------------------------------------------------------- |
|  | -------------------------------------------------------------------------------------------------------------------------- |
|  | ---------------------------------------------------------------------------------- |

----------------------------------------- ……………

**Head of Department’s Signature Date**

**Section “C”** *(To be completed by the Faculty Sub-Dean Postgraduate)*

**Comments of the Faculty Sub-Dean Postgraduate:**

------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------- ----------------------------------

**Name of Faculty Sub-Dean Postgraduate Signature and Date**

***“UNMIED PG FORM G”***

PLEASE COMPLETE AND FORWARD IN DUPLICATE

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**

**POSTGRADUATE SCHOOL** *(Confidential)*

**ORAL EXAMINATION ASSESSMENT SHEET FOR POSTGRADUATE STUDENTS**

Examination:

Name of candidate: Department: Matriculation number:

Title of thesis/dissertation: Name of examiner:

The examiner is requested to examine the thesis/dissertation and submit the ASSESSMENT

SHEET to the Dean, Postgraduate School. Please note the pass mark is 50% minimum

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **AREAS EXAMINED** | **Maximum**  **Marks** | **Obtained**  **Marks** | **Remarks** |
| 1. | PRESENTATION | 5 |  |  |
|  | ✓ Content  ✓ Organization  ✓ Editorial  ✓ Visibility/Accessibility  ✓ Communication. |  |  |  |
| 2. | INTRODUCTION | 10 |  |  |
|  | ✓ Overview of Background knowledge  ✓ Aim and Objectives  ✓ Propounded Hypothesis  ✓ Statement of Problem  ✓ Justification of study  ✓ Research Structure |  |  |  |
| 3. | LITERATURE | 10 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ✓ Focus  ✓ Research methods  ✓ Productive and Application  ✓ Coverage  ✓ Exclusion  ✓ Inclusion and Exclusion  ✓ Conceptual Frame work  ✓ Content and Organization  ✓ Currency of Literature |  |  |  |
| 4. | METHODOLOGY | 20 |  |  |
|  | ✓ Experiment/ design  ✓ Collection of Sample/Population  ✓ Location  ✓ Restrictions/limiting conditions  ✓ Procedures  ✓ Materials  ✓ Variable  ✓ Statistical Analysis |  |  |  |
| 5. | RESULTS AND DISCUSSION | 25 |  |  |
|  | ✓ Clearly presented as tables, figures, plates,  graphs, formulae, etc  ✓ Accuracy and Consistency of data throughout  the thesis/dissertation.  ✓ Discussion shall be based on the results  obtained and not another segment of  literature review.  ✓ Comparison with previous work is also  necessary for robust discussion.  ✓ State the study’s major findings  ✓ Explain the meaning and importance of the  findings  ✓ Relate the findings to those of similar studies  ✓ Consider alternative explanations of the  findings  ✓ State the relevance of the findings to the  benefit of mankind  ✓ Acknowledge the study’s limitations  ✓ Make suggestions for further research |  |  |  |
| 6. | CONCLUSION AND RECOMMENDATIONS | 5 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ✓ Restatement of hypothesis( or purpose)  ✓ Summary of main points/ findings; whether  they support the hypothesis; whether they align with, or differ from, other researcher’s findings  ✓ Possible explanations for the findings; and /or  speculations about them  ✓ Limitations of the study  ✓ Implications of your findings  ✓ Recommendations for future research and  practical applications |  |  |  |
| 7. | ORIGINALITY AND CONTRIBUTIONS TO  KNOWLEDGE, REFRENCING STYLE (APA 6TH  EDITION) | 5 |  |  |
|  | ✓ Novelty of results  ✓ Thesis/dissertation should be very specific  and focused.  ✓ It should highlight what makes the work an  original contribution  ✓ Indicate the practical or policy implications of  research by stating how it has filled the gaps  ✓ Approved referencing style |  |  |  |
| 8. | **SUB-TOTAL** | **80** |  |  |
|  | **ORAL DEFENCE** |  |  |  |
|  | Student Presentation of Work | **5** |  |  |
|  | Oral Defence | **15** |  |  |
|  | **SUB-TOTAL** | **20** |  |  |
|  | **GRAND TOTAL** | **100** |  |  |

**…………………………………………………………. ………………………**

**Name/Signature of External Examiner Date**

**…………………………………………………………. ………………………**

**Name/Signature of Chief Examiner Date**

**…………………………………………………………. ………………………**

**Name/Signature of Internal Examiner Date**

**…………………………………………………………. ………………………**

**Name/Signature of Supervisor Date**

**…………………………………………………………. ………………………**

**Name/Signature of PG SUB-DEAN Date**

***“UNMIED PG FORM H”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**CERTIFICATION (AS REQUIRED) ON SATISFACTORY CORRECTIONS/AMENDMENTS ALREADY MADE AS REQUIRED DURING ORAL EXAMINATION**

**Section “A”** *(To be completed by the Head of Department)*

**1. Name of Candidate:** ------------------------------------------------------------------------------------

*(Surname in Capitals) (First Name) (Other Name)*

**2. Candidate’s Registration Number:** -------------------------------------------------------------------

**3. Candidate’s Qualification(s):** --------------------------------------------------------------------------

**4. Department and Faculty:** ------------------------------/------------------------------------------------

**5. Degree to which Candidate was Admitted:** ---------------------------------------------------------

**6. Semester and Session of First Registration:** -------------------------------------------------------

**7. Title of Thesis:** --------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. Date of Oral Examination:** -----------------------------------------------------------------------------

**9. Date of Submission of Corrected Thesis:** ------------------------------------------------------------

**Section “B”**

*(To be completed by the Head of Department, Supervisor and External Examiner where necessary)*

1. We certify that --------------------------------------------------------------------------------------,

Registration Number ------------------------------------------------, has satisfactorily effected the amendments as pointed out during oral examination.

(b) Signatures of Persons Certifying Amendments Effected:

(i) ---------------------------------------- -------------------------------

**Name of Supervisor Signature and Date**

(ii) ---------------------------------------- ----------------------------------

**Name of Co-Supervisor** (*if any*) **Signature and Date**

(iii) ---------------------------------------- -------------------------------

**Name of Chief Examiner Signature and Date**

**(iv)** --------------------------------------- -------------------------------

**Name of External Examiner (if recommended) Signature and Date**

**Section “C”** *(To be completed by Sub-Dean, Faculty Postgraduate Committee)*

**Comments of the Faculty Postgraduate Committee:**

--------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------- ----------------------------

**Name of Sub-Dean/Chairman, Faculty Postgraduate Committee Signature and Date**

***“UNMIED PG FORM I”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**RECOMMENDATION FOR APPROVAL OF PANEL OF EXAMINERS FOR CONVERSION FROM M.Phil/Ph.D TO THE Ph.D. PROGRAMME**

**Section “A”**  (*To be completed by the Head of Department*)

**1. Name of Candidate**:…………………………………………………………………….……

*(Surname in Capitals) (First Name) (Other Name)*

2. **Candidate’s Registration Number**:………………………..…………………………………

3. **Candidate’s Qualifications** (*Stating Degree, Discipline, Class, University and Date*):

…………………………………………………………………………….……………………

…………………………………………………………………………….……………..……..

4. (a) **Degree to which Candidate was Admitted**:……………………..…………………… (b) **Department and Faculty**:……………………………………………………………… (c) **Semester and Session of First Registration**:…………………………………………..

5. **Title of Proposed Thesis**:………………………………………………………………………..

……………………………………………………………………………………………………

……………………………………………………………………………………………………

6. **Panel of Examiners**:…………………………………………………

(a) **Chief Examiner**:…………………………………………….. (b) **Supervisor**:………………………………………………….. (c) **Co-Supervisor** *(if any*):………………………………………

(d) **Other Examiners (within the Department)** *(at least one)*:…………………………… (e) **Other Examiners (within the Faculty)** *(at least one)*:………………………………… (f) **Examiner outside the Faculty** (*Postgraduate School Representative)*

(g) **Dean/Vice Dean PGS**: ………………………………...............................…………

………………………….…..

**Chief Examiner’s Signature**

**Section “B”:** (*To be completed by the Faculty Sub-Dean Postgraduate*)

**Comments of the Sub-Dean Faculty Postgraduate Committee**:

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

…………………………………………………………………………………………………………

………………………………………........... …………………………………

**Name of Sub-Dean Faculty Postgraduate Committee Signature and Date**

**SECTION A:** *(To be completed by the Head of Department)*

1. **Name of Candidate**: ---------------------------------------------------------------------------------

*(Surname in Capitals) (First Name) (Other Name)*

**2**. **Candidate’s Registration Number:** --------------------------------------------------------------

**3**. **(i) Degree to which Candidate was Admitted:-------------------------------------------------**

**(ii) Semester and Session of First Registration:** -----------------------------------------------

**4. Number of Semesters Already Spent:** -----------------------------------------------------------

**5. Department and Faculty:** --------------------------------------------------------------------------

**6. Approved Thesis Title:** -----------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------

**7**. **Approved Examiners:**

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

**8. Date of PGS Board Approval of Panel of Examiners : -------------------------------------**-

**9**. **Proposed Examiners:**

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------

**10. Reason(s) for Change**:

-----------------------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------

--------------------------------------------------

**Chief Examiner’s Signature & Date**

**Section “B”** *(To be completed by the Sub-Dean Faculty Postgraduate Committee):*

**Comments of the Sub-Dean Faculty Postgraduate Committee**:

-----------------------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------- ------------------------------------

**Name of Sub-Dean Faculty Postgraduate Committee Signature and Date**

***“UNMIED PG FORM K”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**APPLICATION FOR CHANGE OF MODE OF STUDY**

**Section “A”** *(To be Completed by the Student)*

**1. Name of Candidate:** ---------------------------------------------------------------------------------

*(Surname in Capitals) (First Name) (Other Names)*

**2. Candidate’s Registration Number:** --------------------------------------------------------------

**3. Degree to which Candidate was Admitted:** ----------------------------------------------------

**4. Semester and Session of First Registration:** ---------------------------------------------------

**5. Mode of Study on First Registration**: -----------------------------------------------------------

**6. Number of Semesters Already Spent:** -----------------------------------------------------------

**7. Mode of Study now Required:** --------------------------------------------------------------------

**8. Reason for Change of Mode of Study:** --------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

**9. Proposed/Approved Thesis Title:**

------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

-------------------------------------- ------------------------------

**Signature Date**

**Section “B”** *(To be Completed by the Supervisor/Head of Department)*

**1. Academic Record of Student:**

**(a) Courses Taken since First Registration** (*If any*)**:**

|  |  |  |
| --- | --- | --- |
| **Course Code Course Title** | **Units** | **Grade** |
| ----------------- ------------------------------------------- | --------- | --------- |
| ----------------- ------------------------------------------- | --------- | --------- |
| ----------------- ------------------------------------------- | --------- | --------- |
| ----------------- ------------------------------------------- | --------- | --------- |
| ----------------- ------------------------------------------- | --------- | --------- |

**(b) Current Stage of Thesis:** -----------------------------------------------------------------

**2. Supervisor’s Comments:** --------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------- -------------------------

**Supervisor’s Name and Signature Date**

**3. Recommendation by Head of Department**: ---------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------- ------------------------

**Head of Department’s Name and Signature Date**

**Section “C”** *(To be Completed by the Sub-Dean, Faculty Postgraduate Committee)*

**Comments of the Sub-Dean Faculty Postgraduate Committee**:

------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------- ---------------------------------

**Name of Sub-Dean Faculty Postgraduate Committee Signature and Date**

***“UNMIED PG FORM L”***

**UNIVERSITY OF MEDICAL SCIENCES**



**LAJE ROAD ONDO**

**THE POSTGRADUATE SCHOOL**

**CLAIM FORM FOR EXTERNAL, INTERNAL EXAMINERS, CHIEF EXAMINERS, SUPERVISOR, VICE DEAN AND PG SUB-DEANS FOR M.Sc, M.Phil, AND Ph.D DEGREE**

Name of Examiner (In Full)…………………………………………………………………..

(Block Letters Initial not Acceptable)

Address of Examiner & Phone No………………………………………………………………

Bank Details:

1. Bank Name:……………………………………………………
2. Bank Branch:………………………………………………….
3. Account No:……………………………………………………
4. Account Type…………………………………………………
5. Bank Sort Code:………………………………………………

(f) E-mail Address:………………………………………………

Name of Candidate being Examined:……………………………………………………………

Reg. No:………………………………………………………………………………………… Degree for which Candidate was examined:……………………………………………………

Date of Examination:……………………………………………………………………………

Examiner’s Honoraria:…………………………………………………………………………

M.Phil/M.Sc.+ Thesis - N

Ph.D - N

Mileage (If applicable) …………………………………………………………..

Signature of External/Internal Examiner/Chief Examiner/PG Sub-Dean/Vice Dean/Supervisors: ……………………………………………………………………………

Signature of Chief Examiner: …………………………………………………………………

FOR BURSARY OFFICIAL USE

Payment Authorized By: ………………………………………………………………………

Signature…………………………………………………..

Bursar

***“UNMIED PG FORM M”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**EXTERNAL EXAMINER’S PROFILE**

**Name: ……………………………………………………….**

**Title:……………………………………………………..**

**Specialization………………………………………**…

Department……………………………………………

Faculty………………………………………………

University……………………………………………

Phone no:……………………………………………

**Some Vitals**: Google scholar h-index =…………, i10 index = ……….. Citation = ……………..; Scopus h-index =………, Citation = ……………………………………

**E-mail**: ……………………………………………………………………………………………

**HIGHER EDUCATIONAL BACKGROUND**

**UNIVERSITY DEGREE YEAR**

(i). **……** ………….

(ii).

(iii).

**……**

**….…**

………….

…………..

**PROFESSIONAL QUALIFICATIONS**

**PROFESSIONAL PROFILE (maximum 100 words)**

|  |  |
| --- | --- |
| **Area of Expertise** |  |
| **Institution** |  |
| **Supervision experience** |  |
| **Examination experience** |  |
| **Ten most Recent/Relevant publications (maximum**  **10)\*** |  |

*Scopus web link* :

Research Gate:

ORCID:

Web of Science Researcher ID:

***“UNIMED PG FORM N”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**



**THE POSTGRADUATE SCHOOL**

**Internal Memo**

From: Dean Postgraduate School To:

Date:

**PGD, M.Sc., MPH, M.Phil, Ph.D Oral Examination**

**Name of Candidate:……………………………………………………………………………..**

**Date of Examination:…………………………………………………………………………….**

**University Examiners (name, signature and date)**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**External Examiner (name, signature and date)**

**…………………………………………………………………………………………………….**

**……………………………………………………………………………………………………**

I………………………………………… attest to the fact that this examination was held in line with

Postgraduate School Regulations and Guidelines Governing Postgraduate Studies dated……Day

………Month……..Year.

Signature…………………………………………………….. Date: ………………

**Vice-Dean PGS/PG Sub-Dean**

for: The Dean, Postgraduate School