***“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: ………………………………**