***“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:** --------------------------------------------------------------------------------------------

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**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:**

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