***“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**:………………………………………………………………………..

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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**:

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