

UNIVERSITY OF NIGERIA, NSUKKA

SCHOOL OF POSTGRADUATE STUDIES

POSTGRADUATE STUDENT'S END OF SESSION REPORT

To be completed by every registered postgraduate student at the beginning of every academic session and forwarded to the Dean, School of Postgraduate Studies along with the duly completed Renewal of Registration forms.

PART A (To be completed by the student)

SESSION ENDING

- 1. Name (in full) _____ (2) Reg. No. _____
- 3. Phone No. _____ (4) e-mail Address _____
- 5. Date of First Registration (day, month & year) _____
- 6. Date of Last Renewal _____
- 7. Period of Study _____
- 8. Fees Record (Attach photocopies of receipts)

Year	Amt. Paid	Date

- 9. Degree in view (including area of specialization) _____
- 10. Department _____
- 11. Faculty _____
- 12. Name of supervisor(s) _____
- 13. Mode of Study _____
- 14. Registration: Full-Time/Part-Time

Signature of student: _____ Date: _____

PART B (To be completed by the Supervisor(s))

- 15. Give a brief account of the progress made by the student during the previous academic session. (List courses completed, research completed or in progress, seminars or research proposals presented).

- 16. Expected date of completion of programme: _____
- 17. Supervisor's General Assessment and Recommendation: _____

Supervisor's Name: _____

Signature: _____ Date: _____

PART C:

18. Departmental Postgraduate Studies Committee's comments: (for Master/Ph.D): Indicate whether a firm registration for the Doctor of Philosophy is recommended).

Name: _____
Head of Department (Chairman)

Signature: _____ Date _____

PART D:

19. Faculty Postgraduate Studies Committee's comments:

Name: _____
Dean/Chairman

Signature: _____ Date _____

PART E:

20. Comments by the School of Postgraduate Studies:

Signature: _____
Dean, School of Postgraduate Studies

Date _____