

UNIVERSITY OF NIGERIA, NSUKKA
COLLEGE OF POSTGRADUATE STUDIES

**APPLICATION FOR ENTRY INTO HIGHER DEGREE/POSTGRADUATE DIPLOMA
EXAMINATION AND SUBMISSION OF THESIS/PROJECT REPORT FOR EXAMINATION**

(To be completed in triplicate not more than 3 months before the final Examination)

TO BE COMPLETED IN THE BURSAR'S OFFICE	
<p>The candidate has/has not satisfied the financial Regulation and should/should not be allowed to enter the examination</p> <p>.....</p> <p>Accountant (Name and Signature) Date/Stamp</p>	

Registration No.

.....

Dept.:

1. Name of Candidate (in full, in block letters)

.....

(Surname) (Middle Name) (Other Names)

2. Address.....

3. Date of Birth.....

4. I hold degrees and diplomas:(Give particulars, mentioning the awarding University/Institution and dates) listed in the following table:

S/N	Degree/Diploma Obtained	Class	Years of Award	Awarding Institution
i				
ii				
iii				
iv				

5. I wish to submit myself for examination for the degree of

In the Department of Faculty of

6. Area of specialization (Where applicable)

7. Approved title of approved Thesis/Project

.....

.....

.....

8. Date of First Registration for Higher Degree Course.....

9. STATE DETAILS OF COURSE WORK

S/N	COURSE NUMBER	TITLE OF COURSE	CREDIT
I			
II			
III			
IV			
V			
VI			
VII			
VIII			
IX			
X			
XI			
XII			
XIII			
XIV			
XV			

10. I enclose four (for Master's) or five (for Ph.D) loose bound copies of my Thesis/Project Report embodying the results of my original research on which my candidature is based. (Copies to be printed)

.....
Candidate's Name

.....
Signature/Date

11. For completion by Supervisor(s)

I/We certify that.....
has now completed the necessary work and period of study as detailed above, and has submitted the
Thesis/Project Report for the degree of
In the Department of Faculty of
....., and is now ready to be examined.

12. His/her area of specialization is

SUPERVISOR(S)

.....
Name

.....
Signature

.....
Date

.....
Name

.....
Signature

.....
Date

13. I have cross-checked the above information and I certify that it is correct. I also confirm that the candidate has today submitted his/her thesis/project for examination.

Signed
Head of Department

Name

Date

14. Signed
Dean of Faculty

Name

Date

15. Comments by the Provost, College of Postgraduate Studies:

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

.....
Provost

.....
Date

Distribution: CPGS (Candidate's File)
Head of Department
Candidate