

**UNIVERSITY OF IBADAN  
POSTGRADUATE SCHOOL  
ORAL EXAMINATION PROCESSING FORM**

1. NAME OF CANDIDATE.....MATRIC. NO.....

2. DEPARTMENT.....

3. REGISTRATIONS:

	SEMESTER	MODE	COURSE
1 <sup>st</sup> Registration	19/.../...	F/T or P/T	for.....
(i) Renewal	19/.../...	F/T or P/T	for.....
(ii) Renewal	19/.../...	F/T or P/T	for.....
(iii) Renewal	20/.../...	F/T or P/T	for.....
(iv) Renewal	20/.../...	F/T or P/T	for.....
(v) Renewal	20/.../...	F/T or P/T	for.....
(vi) Renewal	20/.../...	F/T or P/T	for.....
(viii) Renewal	20/.../...	F/T or P/T	for.....

4. DATE OF REGISTRATION OF THESIS:.....

5. DATE OF CONVERSION (if any) FROM..... TO.....

6. EXAMINERS REPORTS:

(i) Prof/Dr .....EXTERNAL Pos./Neg. Date.....

(ii) Prof/Dr .....INTERNAL Pos./Neg. Date.....

(iii) Prof/Dr .....INTERNAL Pos./Neg. Date.....

(iv) Prof/Dr .....CO-SUPERVISOR Pos./Neg. Date.....

(v) Prof/Dr .....INTERNAL Pos./Neg. Date.....

7. REMARKS ON 3 – 6 Above.....

8. HOD'S PROPOSED DATE OF ORAL.....ACCOMM. REQUIRED? YES/NO

9. EXAM. FEE PAID YES/NO ₦20,000 RECEIPT NO.....

10. OTHER REMARKS..... SIGNATURE.....

FROM: AR (E)  
POSTGRADUATE SCHOOL

TO: DEAN  
POSTGRADUATE SCHOOL

DATE: .....

Approval for Date of Oral Examination.

Re: .....

Please approve conduct of Oral Examination as proposed by Head.

Department of .....

Here are..... favourable reports on the merit of the candidate's thesis.

His records are in order.

AR(E)

