

# UNIVERSITY OF IBADAN, IBADAN, NIGERIA

## THE POSTGRADUATE COLLEGE

FACULTY/INSTITUTE/CENTRE/SCHOOL OF .....

### REQUEST FOR M.Phil./Ph.D. CONVERSION EXAMINATION

**NAME OF STUDENT:**

**MATRICULATION NUMBER:**

**DEPARTMENT:**

**FIELD OF STUDY:**

**DATE OF FIRST REGISTRATION  
FOR THE CURRENT PROGRAMME:**

**DATE OF REGISTRATION FOR  
THE CURRENT SESSION:**

**MODES OF STUDY (WITH DATES):** Full-Time:

Part-Time:

**PROPOSED DATE OF EXAMINATION:**

**WORKING TITLE OF THESIS:**

**SUPERVISOR(S):**

**PROPOSED EXAMINERS:**

S/N	Name	Highest Academic Qualification	Academic Rank	Area of Specialisation	Role
1					Chairman
2					Supervisor
3					Co-Supervisor
4					Internal External
5					PG Coordinator
6					Sub Dean (PG)

*Brief write up on why the Internal Examiner is appointed:*

**Date of the Examination:**

**Time of the Examination:**

**Venue of the Examination:**

**Comments of the Head of Department:**

\_\_\_\_\_  
Professor & Head/Ag Head

**Comments of the Provost, Postgraduate College:**

\_\_\_\_\_  
Name/Representative

*Note: This request must be submitted at least one week before the date of the examination.*

*The last registration form of the student must be attached to this request.*

*Any examination conducted without approval or at a different venue/date is null and void.*