**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORWARDING OF THESIS/DISSERTATION FOR FINAL DEFENCE**

**(*To be completed in triplicate*)**

|  |  |
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| **Department:** |  |
|  |  |
| **Faculty:** |  |

|  |  |
| --- | --- |
| **Session:** |  |
| **Date:** |  |

 **STUDENTS DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Student** | **Reg. No.** | **Degree** | **Title of Thesis/Dissertation** |
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| --- | --- |
| **Session:** |  |
| **Semester:** |  |

**Proposed Dates from the Department:**

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**Forwarding Officer (HOD)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: |  | Date: |  | Phone: |  |

**External Examiner’s Response[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **Session:** |  |
| **Semester:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **University:** |  |

**Response to the Proposed Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **(a)** | **Acceptable:** | **(a)** | **(b)**  |
| **(b)** | **Not Acceptable:** | **(a)**  | **(b)**  |
| **(c)** | **Alternative Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

1. To be completed by the External Examiner and returned to the Department/PG School not later than***three weeks*** to the proposed date of examination [↑](#footnote-ref-1)