**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**DISSERTATION COMPLETION**

*(To be completed after Approval of Dissertation Title)*

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

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

**STUDENT’S DETAILS:**

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|  | **Name:** |  |
|  | (Surname) | (Other Names) |
|  | **Reg. Number:** |  |  |
|  | **Programme:** |  |  |
|  | **Phone Number:** |  | **Email:** |
|  | **Passed all prescribed courses for the degree:**  | YES

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| 1. | NAME IN FULL (SURNAME FIRST): |  |
|  2. | PHONE NUMBER AND EMAIL ADDRESS: |  |
| 3. | PERMANENT HOME ADDRESS:  |  |
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| 4. | CORRESPONDENCE ADDRESS: |  |
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| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
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|  |  | 1. Address of Sponsor:
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| 8. | QUALIFICATION: | Degree/Qualification Obtained: |
|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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| 9. | OTHER QUALIFICATIONS: | (State subject, year, class of degree and University/Institution) |
|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
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|  |  | Signature of Applicant | Date |
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 | NO (SPGS Form 026)

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|  | **Successfully done the internal defence:** | YES

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 | NO (SPGS Forms 030 and 031)

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|  |  |  |
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|  | **Satisfactorily made corrections:** | YES

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|  | **Submitted corrected copy of dissertation:** | YES

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|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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| 9. | OTHER QUALIFICATIONS: | (State subject, year, class of degree and University/Institution) |
|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
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|  |  | Signature of Applicant | Date |
| 1. | NAME IN FULL (SURNAME FIRST): |  |
|  2. | PHONE NUMBER AND EMAIL ADDRESS: |  |
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| 4. | CORRESPONDENCE ADDRESS: |  |
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| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
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|  |  | 1. Address of Sponsor:
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 | Date: |
|  | **Dissertation title approved:** | YES

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|  |  | Signature of Applicant | Date |

 | NO |
|  | **Date of Approval of Dissertation Title:** |  |

The student has satisfactorily completed all the requirements above and the dissertation title has been approved.

**RECOMMENDATIONS**

|  |  |  |  |  |  |
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|  | YES | NO | Remarks | Sign | Date |
| Supervisor: |  |  |  |  |  |
| Head of Department |  |  |  |  |  |
| Faculty PG Sub-Dean |  |  |  |  |  |
| Dean of Faculty |  |  |  |  |  |

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