**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**APPLICATION TO PRESENT MASTER STUDENT(S) FOR FINAL EXAMINATION**

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

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

1. **Proposed:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Venue:** |  |
| **Time:** |  |

1. **Panel of Examiners:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office/Designation** | **Name** | **Rank** | **Department/Institution** |
| **External Examiner** |  |  |  |
| **Internal Examiner 1** |  |  |  |
| **Internal Examiner 2** |  |  |  |
| **Head of Department** |  |  |  |
| **Faculty PG Sub-Dean**  |  |  |  |
| **Dean of Faculty (Chairman)** |  |  |  |
| **Rep of Provost, CPGS** |  |  |  |

1. **Students’ Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Student** | **Reg. No.** | **Specialization** | **Supervisor** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Attachments:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | CPGS Form 023 |  |  | CPGS Form 026 |  | 3. Copy of Thesis  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor 1 |  | Signature |  | Date |
|  |  |  |  |  |
| Head of Department |  | Signature |  | Date |
|  |  |  |  |  |
| Dean of Faculty |  | Signature |  | Date |

**Verification of Submission (CPGS Official Use only)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 1. | CPGS Form 023 | Yes |  | No |  | Not Correct |  |
|  |  |  |  |  |  |  |  |
| 2. | CPGS Form 026 | Yes |  | No |  | Not Correct |  |
|  |  |  |  |  |  |  |  |
| 3. | Copy of Thesis | Yes |  | No |  | Not Correct |  |

**Approval by Provost, CPGS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Approved |  | Not Approved |  | Signature: |  | Date: |  |

**Report of the CPGS Representative**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Successful |  | Not Successful |  | Name: |  | Signature: |  | Date: |  |
| Additional Comments:  |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |