**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**APPLICATION FOR TRANSITION FROM MPhil TO PhD PROGRAMME**

*(To be completed at the End of MPhil Programme)*

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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:** | MPhil

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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: |  |
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|  |  | Signature of Applicant | Date |

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|  | **Phone Number:** |  | **Email:** |
|  | **Passed all prescribed courses for the degree:**  | YES

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

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 | NO (Attach CPGS Forms 036B and 038)

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|  | **FCGPA:** | CPGS Forms 021 CPGS Forms 026

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The student has satisfactorily completed all the requirements above.

**RECOMMENDATIONS**

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

**Approval**

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| Provost, CPGS |  |  |  |  |  |

**APPROVAL**

**APPROVAL**

**CLEARANCE**

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| --- | --- | --- | --- | --- | --- |
| Finance Officer, CPGS |  |  | Confirmation for Transition from MPhil to PhD: N12,500 |  |  |

**FOR OFFICE USE ONLY: SECRETARY, CPGS**