

SECTION B

11. University education and qualifications obtained (*State the dates you attended the University Institution, the qualifications obtained, including classification e.g. First / Upper Class Honours*). **You should attach copies of the degree certificates and academic transcripts showing the grades obtained in each course.**

A. First Degree

- i. University attended.....
- ii. Dates attended.....
- iii. Field of Study.....
- iv. Degree awarded.....
- v. Date awarded.....

B. Second Degree (*where applicable*)

- i. University attended.....
- ii. Dates attended.....
- iii. Field of Study.....
- iv. Degree awarded.....
- v. Date awarded.....

C. Additional Qualifications (*where applicable*)

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12. Employment and Research experience (*If any*)

(*Provide a list of publications and research grants received, on a separate sheet if necessary*)

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SECTION C

13. The postgraduate course applied for (*Applicants should consult the Department and Faculty / Institute / School before completing this section*)

- i. Name of Degree.....
- ii. Department.....
- iii. Faculty.....
- iv. Field of Study.....
- v. Full-time / part-time (*Select as appropriate*)
- vi. Method of Study: (*Choose one by deleting appropriately below*)

- a) By coursework, examination & project
- b) By coursework, examination & thesis
- c) By research and thesis only

- vii. Proposed date of commencement of Study.....
- viii. Expected date of completion
- ix. Collaborating institutions where work is to be done

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14. Indicate how you intend to finance your studies

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15. Name two persons who are prepared to act as your referees. They should be well placed to report on your potential as a postgraduate student in your chosen field of study and preferably should have been your lecturer in degree courses. You should also fill in two request letters issued together with this form and forward them to your referees directly so that they can send their reference to the Director, Board of postgraduate Studies without delay.

Name.....

Address.....

Telephone..... Mobile No:

Email.....

Name.....

Address.....

Telephone..... Mobile No:

Email.....

16. Signature of Applicant.....

Date.....

SECTION D (OFFICIAL USE ONLY)

17. Recommendation by Supervisors:

- 1. First Supervisor.....
- Name:
- Signature:
- Date:

2. Second Supervisor

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Name:

Signature:

Date:

3. Third Supervisor (*Where necessary*)

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Name:

Signature:

Date:

18. Recommendation by the Department Postgraduate Committee. (Enter below ACCEPT or REJECT as may be applicable)

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Name of Chairman.....

Signature.....

Department of.....

Date.....

19. Recommendation by the Faculty / School / Institute Postgraduate Studies Committee (Enter below ACCEPT or REJECT as may be applicable)

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Name of Dean of Faculty / Director of School / Institute:

Signature.....

Faculty / School / Institute.....

Date.....

20. Recommendation by the board of Postgraduate Studies (Enter below ACCEPT or REJECT as may be applicable)

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Name of Director:

Signature:

Date: