

APPLICATION FOR ADDITIONAL SUPERVISOR/MENTOR

| SEMESTER: | SESSION: |
|-----------|--|
| | INSTRUCTIONS |
| | To Applicant |
| | Please complete section A and follow the instructions: |
| | (i) To Be Completed By The Current Supervisor/Mentor |
| | Submit this form to current supervisor/mentor for completed purpose |
| (ii)To | Be Completed By Proposed Additional Supervisor/Mentor for the Accepting Purpose |
| Si | ubmit this form to the proposed additional supervisor for the accepting purpose |
| | (iii) To Be Completed By Dean of School for Approval |
| | Submit this form to Dean of School for approval |
| • • | ompleted Director of Postgraduate Studies Unit, College of Business for Approval his form to the Director of Postgraduate Studies Unit, College of Business for Approval |
| | |

SECTION A

(To be completed by applicant)

| 1. Name: | 2. Matric No.: |
|--|--|
| 3. Mailing Address: | 4.Telephone : Home : Office : Mobile : |
| 5. Centre : | 6. E-mail : |
| 7. Programme: | 8. Mode of Study: Full-time Part-time |
| 9. Current Structure of Study: Coursework Coursework and Thesis/Dissertation | Research |
| 10. Title of Thesis/Project Paper: | |

| 11. Reasons for Additional of Supervis (Please use additional paper if nec | |
|---|-----------------------------|
| 12. Applicant's Signature : | Date : |
| SECTION B (To be completed by the current Supe | ervisor/Mentor) |
| Comment: | |
| | |
| Agree | Not Agree |
| Signature and Stamp: | Date: |
| Name : | |
| SECTION C (To be completed by the accepting add | ditional Supervisor/Mentor) |
| Comment: | |
| | |
| Agree | Not Agree |
| Signature and Stamp: | |
| Name : | |

| SECTION D (To be completed by Dean of School for Approval) Comment: | | | | | |
|--|--|----------|--|--|--|
| | | | | | |
| Approved | Not Approved | | | | |
| Signature and Stamp: | Date: | | | | |
| Name : | | | | | |
| (To be completed by Director of Comment: | of Postgraduate Studies Unit, College of Business for Ap | oproval) | | | |
| Approved | Not Approved | | | | |
| Signature and Stamp: | Date: | | | | |
| Name : | | | | | |
| FOR OFFICE USE | | | | | |
| | Date : | | | | |