



APPLICATION FOR ADDITIONAL SUPERVISOR

Trimester: First Trimester/Second Trimester/Third Trimester Session: 20____ / 20____

INSTRUCTIONS:

SECTION A

To be completed by the applicant

SECTION B

To be completed by current supervisor

SECTION C

To be completed by proposed additional supervisor for the accepting purpose

SECTION D

To be completed by Dean of School for approval

SECTION E

To be completed by The Director of Postgraduate Studies Unit, UUMCOB for approval

SECTION A: TO BE COMPLETED BY APPLICANT

Name:	Matric No:
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Telephone No. - Home: Office: Mobile No.:	Mailing Address:
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Centre:	Email:
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Programme:	Mode of Study: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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Current Structure Study:

Coursework
 Coursework and Thesis/Dissertation
 Research

Title of Thesis/Research Paper/Project Paper:

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Reasons for Additional of Supervisor:
(Please use additional paper if necessary)

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Applicant's Signature:

Date:

SECTION B: TO BE COMPLETED BY THE MAIN SUPERVISOR

Comment:

() Agree () Disagree

Comment:

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Signature and Stamp:

Name:

Date:

SECTION C: TO BE COMPLETED BY THE ACCEPTING ADDITIONAL SUPERVISOR

Comment:

() Agree () Disagree

Comment:
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Signature and Stamp:

Name:

Date:

SECTION D: TO BE COMPLETED BY DEAN OF SCHOOL FOR APPROVAL

Comment:

() Approved () Not Approved

Comment:
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Signature and Stamp:

Name:

Date:

**SECTION E: TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES UNIT, UUMCOB
FOR APPROVAL**

Comment:

() Approved () Not Approved

Comment:
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Signature and Stamp:

Name:

Date:

FOR OFFICE USE ONLY

Signature and Stamp:

Date: