



APPLICATION TO DISCONTINUE SERVICE OF THESIS SUPERVISOR

SECTION A: TO BE COMPLETED BY THE APPLICANT

Name:	Matric No:
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Programme:	No. of Trimester:
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Tel. No.:	E-Mail:
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Mode of Study: * () Full-Time () Part-Time	Address:
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Title of Thesis/Research Paper/Project Paper:

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Progress of Research:

Date of Colloquium:	Date of Proposal Defense:
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Current Supervisor(s):	Supervisor(s) to be discontinue:
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Main Supervisor:	Main Supervisor:
Co-Supervisor:	Co-Supervisor:

Reason to discontinue service (use additional paper if necessary)

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Signature:	Date:
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SECTION B: TO BE COMPLETED BY THE SUPERVISOR

1. Main Supervisor (If applicable):

() Agree () Disagree

Comment:
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Signature & Stamp:

Date:

2. Co-Supervisor (If applicable):

() Agree () Disagree

Comment:
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.....
.....

Signature & Stamp:

Date:

SECTION C: RECOMMENDED BY THE DEAN OF THE SCHOOL *

() Recommended
() Not Recommended

Signature & Stamp:

Date:

SECTION D: APPROVAL BY THE DIRECTOR OF POSTGRADUATE STUDIES UNIT, UUMCOB

- () Approved
- () Disapproved
- () To be decided by the Appeal Committee

Signature & Stamp:

Date:

* Tick wherever appropriate