



**SECTION B: TO BE COMPLETED BY DEAN OF SCHOOL FOR APPROVAL**

Comment:

(     ) Approved     (     ) Not Approved

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

Signature and Stamp:

Name:

Date:

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

Comment:

(     ) Approved     (     ) Not Approved

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

Signature and Stamp:

Name:

Date:

**FOR OFFICE USE ONLY**

Signature and Stamp:

Date: