***“UNIMED PG FORM B”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**

**THE POSTGRADUATE SCHOOL**

**POSTFIELD SEMINAR PRESENTATION FORM FOR POSTGRADUATE STUDENTS**

**Section “A”**

(To be completed by the candidate)

1. Name of Candidate: …………………………………………………………....................................

(*First Name*) (*Other Name*) (*Last Name in Capitals*)

1. Candidate’s Matriculation Number: …………………………………………………………………………

3. Candidate’s Qualification(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **INSTITUTION** | **QUALIFICATION** | **CLASS/CGPA** | **DATE** |
| **i.** |  |  |  |  |
| **ii.** |  |  |  |  |
| **iii.** |  |  |  |  |

1. Have you done any (Pre-Field) seminar before? If Yes when? ………………………………………………

…………………………………………………………………………………………………………………

1. (i) Degree programme into which candidate was admitted with date: ………………..…………………….

……………………………………………………………………………………………………………….…

(ii) Option (where applicable): ………………………………………………………………………………

1. Department/Unit/Faculty/School into which candidate was admitted:………………………………………

…………………………………………………………………………………………………………………

1. (i) Date of First Registration: ………………………………………………………………………………

(ii) Mode of Study (Full-Time/Part-Time): ………………………………………………………………

(iii) Period spent to-date (in months): ………………………………………………………………………

8. Approved Thesis Title: ………………………………………………………………………………………

…………………………………………………………………………………………………………………

**Candidate’s Signature: ………………………………… Date: ………………………………**

**Section “B”**

**(To be completed by the Department)**

1. Approval of Course-Work Examination Results by the Postgraduate School

|  |  |  |  |
| --- | --- | --- | --- |
| First semester | Session: | **YES** | **NO** |
| Second semester  Third semester | Session  Session | **YES**  **YES** | **NO**  **NO** |
| 2. Ratification of Course-Work Examination Results by Senate | | | |
|  | | **YES** | **NO** |
| Second semester Session | | **YES** | **NO** |
| Third semester Session | | **YES** | **NO** |
| 3. University Examiners | |  |  |
| (a) Chief Examiner: | |  |  |
| (b) Main Supervisor: | |  |  |
| (c) Co–Supervisor (If any): | |  |  |
| (d). Internal-External Examiner(s): | | (i) …………………………….. | (ii) …………………………….. |

4. Supervisor’s comments on candidate’s seminar as contained in Section ‘A’ 9(i), (ii) and 10:

**Supervisor’s Name:**

**Signature: ………………………………………. Date: …………………………………**

5. Head of Department’s comments on candidate’s seminar as contained in Section ‘A’

**HOD’S Name:**

**Signature: ………………………………………. Date: …………………………………**

6. Comments of the Sub-Dean Postgraduate

**Approved Not Approved**

**Name: ……………………………………………………………………………………………………**

**Signature: ………………………………………. Date: …………………………………**

**Section “C”**

**TO BE COMPLETED BY THE BOARD OF POSTGRADUATE SCHOOL**

1. Comments of the Board of Postgraduate School

**Approved Not Approved**

2. Dean, Postgraduate School

**Name: ……………………………………………………………………………………………………**

**Signature: ………………………………………. Date: ……………………….**