***“UNMIED PG FORM K”***

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

**THE POSTGRADUATE SCHOOL**

**APPLICATION FOR CHANGE OF MODE OF STUDY**

**Section “A”** *(To be Completed by the Student)*

**1. Name of Candidate:** ---------------------------------------------------------------------------------

*(Surname in Capitals) (First Name) (Other Names)*

**2. Candidate’s Registration Number:** --------------------------------------------------------------

**3. Degree to which Candidate was Admitted:** ----------------------------------------------------

**4. Semester and Session of First Registration:** ---------------------------------------------------

**5. Mode of Study on First Registration**: -----------------------------------------------------------

**6. Number of Semesters Already Spent:** -----------------------------------------------------------

**7. Mode of Study now Required:** --------------------------------------------------------------------

**8. Reason for Change of Mode of Study:** --------------------------------------------------------------

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**9. Proposed/Approved Thesis Title:**

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**Signature Date**

**Section “B”** *(To be Completed by the Supervisor/Head of Department)*

**1. Academic Record of Student:**

**(a) Courses Taken since First Registration** (*If any*)**:**

|  |  |  |
| --- | --- | --- |
| **Course Code Course Title** | **Units** | **Grade** |
| ----------------- ------------------------------------------- | --------- | --------- |
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**(b) Current Stage of Thesis:** -----------------------------------------------------------------

**2. Supervisor’s Comments:** --------------------------------------------------------------------------------

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**Supervisor’s Name and Signature Date**

**3. Recommendation by Head of Department**: ---------------------------------------------------------

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**Head of Department’s Name and Signature Date**

**Section “C”** *(To be Completed by the Sub-Dean, Faculty Postgraduate Committee)*

**Comments of the Sub-Dean Faculty Postgraduate Committee**:

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**Name of Sub-Dean Faculty Postgraduate Committee Signature and Date**