



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL

**RESEARCH PROPOSAL FORM FOR
M.PHIL/PH.D. AND PH.D STUDENTS**

Form
PG 08

Students should attach this form to their approved proposal to be submitted to the Postgraduate School. Please complete all sections. Incomplete coversheets will be returned.

Name of Student (First/middle/last) _____

Matriculation Number _____ Telephone Number _____

Email _____ Admission (M.Phil/Phd, Ph.D) _____

Department _____ Faculty _____

Area of Specialization _____ Session admitted _____

Name of Main Supervisor _____

Department/Faculty _____ Specialization _____

Name of Co- Supervisor _____

Department _____ Faculty _____

Area of Specialization _____ Institution _____

Name of Co- Supervisor _____

Department _____ Faculty _____

Area of Specialization _____ Institution _____

Title of thesis _____

Main Supervisor (Name & Signature) _____

Head of Department (Name & Signature) _____

Dean of Faculty (Name & Signature) _____

Dean Postgraduate School _____