



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL

**REACTIVATION OF SUSPENDED
PROGRAMME**

Form
PG 09

This form must be completed by students whose request to suspend their programme for a specified number of years was granted by the board of Postgraduate School. The letter of approval for the suspension of the programme must be attached to this form

Session: _____ Semester: _____ Matric No: _____

1. Name in Full _____
(Surname in Caps) (Other Names)

2. Year of Admission _____ Mode of Study: *Part-time/Full-time* _____

3. Contact Address: _____

4. E-mail: _____ Phone No: _____

5. Name and Address of Employer _____

6. Department/Faculty: _____ / _____

7. Degree in View: _____ Session of First Registration: _____

Session of Last Registration _____ Number of semester already completed: _____

8. (i) How long did you suspend your Programme? _____

(ii) Reason for suspension: _____

14. Are you prepared to continue and complete your programme without any further interruption? _____

(Attach Progress Report)

15. If the reason for suspension is finance, how do you intend to finance the Course: _____

16. Evidence of previous financial clearance: _____
_____ (Attach you up to date financial clearance)

17. Comment of the supervisor: _____

18. Comment of the Head of the Department: _____

Signature

Date

19. Comment of Dean of the Faculty: _____

Signature

Date

20. Dean PGS: _____
Name & Signature *Date*