



**LADOKE AKINTOLA**  
UNIVERSITY OF TECHNOLOGY,  
OGBOMOSO

**THE POSTGRADUATE SCHOOL**

**CHANGE OF SUPERVISOR/APPOINTMENT OF  
ADDITIONAL SUPERVISOR**  
*(To be completed in quadruplicate)*

Form  
PG 12

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. Name and Address of Next of Kin: \_\_\_\_\_

5. E-mail: \_\_\_\_\_ Phone No: \_\_\_\_\_

6. Name and Address of Employer \_\_\_\_\_

7. Department/Faculty: \_\_\_\_\_ / \_\_\_\_\_ Area of Specialization: \_\_\_\_\_

8. Degree in View: \_\_\_\_\_

9. Date of first registration: \_\_\_\_\_

*Part-time*

*Full-time*

10. Total number of Semester already completed: \_\_\_\_\_

11. Present Supervisor(s)

1. Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

12. Proposed Supervisor(s):

1. Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

13. Comment of the Head of Department (*stating reason for the change*): \_\_\_\_\_

Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

14. Dean of Faculty \_\_\_\_\_

*Signature*

*Date*

14. Change/Appointment approved by the Board of Postgraduate School. Yes/No.....

.....  
*Signature*

.....  
*Date*

**Secretary Postgraduate School**