



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
REGISTRATION OF THESIS TITLE FORM

Form
PG 14

Student's Name: _____
(Surname in Caps) (Other Names)

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

Matric No.: _____ Phone Number: _____

Department: _____ Faculty: _____

E-mail Address: _____ Session of Admission: _____

Degree in View: _____ Area of Specialization: _____

Thesis Title: _____

Student's Name

Signature and Date

Supervisor's Name

Signature and Date

Co-Supervisor's Name

Signature and Date

Head of Department's Name

Signature and Date

Chairman, Faculty Postgraduate
Committee's Name

Signature and Date

NB: Attach abstract please.