

 <p>LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO</p>	<p>THE POSTGRADUATE SCHOOL</p> <p>PRELIMINARY DISSERTATION/THESIS ASSESSMENT FORM</p>	<p>Form PG 15</p>
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Name of Student: _____

Matric No: _____ **Department:** _____

Degree in View: _____

Title of Thesis: _____

Name of External Examiner: _____

Institution Address: _____

I have undertaken a preliminary assessment of the above-titled thesis and (✓one)

Consider the thesis has sufficient merit for an oral examination

Consider the thesis inadequate for an oral examination

Short reasons for the choice above: _____

Proposed Date of Oral Examination: _____

Signature and Date: _____

All Preliminary reports must be received before the Examination