



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
Ph.D. THESIS RESULT SUMMARY
SHEET

Form
PG 19

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

Year of Admission: _____

Matric. Number: _____ Mode of Study: _____

E-mail Address: _____ Phone Number: _____

Department: _____ Faculty: _____

Title of Dissertation: _____

Field of Specialization: _____

	Obtainable	Marks Obtained
Pre-data	10	
Post-data	20	
Supervisor	20	
Qualifying	05	
Thesis Examination	25	
Oral Examination	20	
Total	100	

Panel of Examiners:-

External/Internal Examiner

(Knowledgeable in the candidate's area of research).**;

Dean of Postgraduate School or Nominee:

Dean of Faculty or Nominee:

Head of Department as Chairman:

Candidate's Supervisor:

Recommendation from the Faculty Postgraduate Committee

Chairman FPGC: _____

Name

Signature & Date