



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
CERTIFICATE OF CORRECTION

FORM
PG 21

We hereby certify that.....Dept. of.....has made all required corrections in his/her Dissertation/Thesis as specified by the Panel of examiners:

(a) External Examiner _____
Name and Signature *Date*

(b) Head of Department _____
Name and Signature *Date*

(c) Internal Examiner _____
Name and Signature *Date*

Internal Examiner: _____
(Faculty Representative) *Name and Signature* *Date*

(d) Supervisor _____
Name and Signature *Date*

Co-Supervisor _____
(Where Applicable) *Name and Signature* *Date*

Recommendation from the Faculty Postgraduate Committee (FPC)

Chairman, Faculty PG Committee

Signature and Date