

 <p><b>LADOKE AKINTOLA</b> UNIVERSITY OF TECHNOLOGY, OGBOMOSO</p>	<p align="center"><b>THE POSTGRADUATE SCHOOL</b></p> <p align="center"><b>M.Phil/Ph.D and Ph.D RESEARCH PROPOSAL ASSESSMENT SHEET</b></p>	<p align="center">Form PG 24</p>
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Name of Student (First/middle/last) \_\_\_\_\_

Matriculation Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email \_\_\_\_\_ Admission (M.Phil/Phd, Ph.D) \_\_\_\_\_

Department \_\_\_\_\_ Faculty \_\_\_\_\_

Area of Specialization \_\_\_\_\_ Session admitted \_\_\_\_\_

Name of Main Supervisor \_\_\_\_\_

Department/Faculty \_\_\_\_\_ Specialization \_\_\_\_\_

Name of Co- Supervisor \_\_\_\_\_

Department \_\_\_\_\_ Faculty \_\_\_\_\_

1. **Background and Significance Section (30%)** \_\_\_\_\_
- Is the background sufficiently researched and referenced? Yes  No
- Does the background make a good case for the relevance of the experiments? Yes  No
- Does extraneous information clutter the argument or presentation? Yes  No
- Are the ideas clearly stated? Yes  No
- Are figures used when necessary to illustrate concepts? Yes  No
- Are the grammar, formatting and the overall presentation acceptable? Yes  No

2. **Specific Aims Section (30%)** \_\_\_\_\_
- Are the aims introduced and explained sufficiently to be understood without reading the Background section? Yes  No
- Are the aims and objectives achievable within the time frame of the work? Yes  No

3. **Research Design and Methods Section (30%)** \_\_\_\_\_
- Are the specific aims clear and complete? Yes  No
- Are rationales provided for each experiment? Yes  No
- Is the level of description of the technical details appropriate? Yes  No
- Have the necessary administrative requirements met e.g. ethical approval etc.? Yes  No

4. What were the strengths of this application? (10%) \_\_\_\_\_

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5. What were the weaknesses of this application? \_\_\_\_\_

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6. Suggestions for improvement of the proposed research \_\_\_\_\_

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**7. Examiner:**

(a) Chairman: \_\_\_\_\_  
*Name and Signature* *Date*

(b) Supervisor: \_\_\_\_\_  
*Name and Signature* *Date*

(c) Co-Supervisor (if any): \_\_\_\_\_  
*Name and Signature* *Date*

(d) Faculty Representative: \_\_\_\_\_  
*Name and Signature* *Date*

(e) Dean, PGS/Nominee: \_\_\_\_\_  
*Name and Signature* *Date*

(f) Head of Department: \_\_\_\_\_  
*Name and Signature* *Date*

The above was considered by the Faculty Postgraduate Committee at its meeting of \_\_\_\_\_  
and is hereby recommended for the consideration and approval of the Postgraduate School.

\_\_\_\_\_  
*Chairman, Faculty PG Comm.*

\_\_\_\_\_  
*Signature and Date*