PGS Form 14 (2019)

**CERTIFICATION**

We, the undersigned Internal Examiners hereby certify that SURNAME, Other Names (Matric. Number) has satisfactorily effected all the necessary corrections pointed out to him/her during the Oral Examination of his/her thesis entitled “……………………..” held on dd/mm/yyyy and recommend that he/she be awarded the degree of Doctor of Philosophy in …………………………………………….

 Names Signature Date

1 ………………….. ……………

Head of Department and

Chief Examiner

2. ………………….. ……………

Internal Examiner from Related

Department in the University

(Name of Dept.: ……………………….)

3. ………………….. ……………

 Thesis Supervisor and Internal Examiner

4. ………………….. ……………

 Departmental Postgraduate Programmes Coordinator and Internal Examiner