PGS Form 001

**UNIVERSITY OF ILORIN**

**POSTGRADUATE SCHOOL**

**POSTGRADUATE PROGRAMMES FEES FORM**

(Diploma, Masters and Ph.D.)

(To be completed in Triplicate)

Candidate’s Full Name: ………………………………………………………………………………………

 (Surname in capital letter) First Name Middle Name

Matriculation Number:………………………………………………………………………………………….

Date of First Registration:…………………………………………………………………………………

Degree in View:…………………………………………….Mode of Study:……………………………..

Department:………………………………………………...Faculty:…………………………………………

Expected Date & Session of Completion of Programme:………………………………………….

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| --- | --- | --- | --- | --- | --- |
| S/N | Academic Session (e.g. 2006/2007) | Amount Paid N | Receipt Number and Date | University’s Accountant Signature & Date | Postgraduate School Secretary’s Signature and Date |
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Note that copies of this form must accompany submission of papers for processing of Diplomas, Masters Results and Ph.D. Examination Reports to PG School.

……………………………………………….. ………………………………………………….

Head of Department’s Name, Dean of PG School’s Name,

Signature & Date Signature & Date

**Note the order of signatory** (i) HOD (ii) Bursar (iii) Secretary, PG School (iv) Dean, PG School

PGS Form 002

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**UNIVERSITY OF ILORIN, ILORIN, NIGERIA**

**POSTGRADUATE SCHOOL**

**GENERAL CLEARANCE FORM FOR GRADUATING POSTGRADUATE STUDENTS. 20...... /20....... SESSION**

Name of Student: : ………………………………………………………………………………………

 (Surname in capital letter) First Name Middle Name

Matric. No.:…………………..……Dept.:…………………………………….Faculty:…………………….

Course/ Programme:……………………………………………………………………………………………

The above named Postgraduate Student will be graduating from this University this session. Kindly append your signature, date and stamp if the student is not indebted to you / your Unit / Department / Faculty.

1. PROJECT SUPERVISOR:………………………………………………………………………………

2. HEAD OF DEPARTMENT:……………………………………………………………………………..

3. DEAN OF FACULTY:………………………………………………………………………………….

4. DIRECTOR, HEALTH SERVICES:…………………………………………………………………..

5. HOSTEL MANAGER:……………………………………………………………………………………

6. UNIVERSITY LIBRARIAN:………………………………………………………………………….

7. ALUMNI RELATIONS OFFICER:………………………………………………………………….

………………………………………… …………………………………………

**Secretary, PG School Dean, PG School**

**Signature & Date Signature & Date**

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PGS Form 019

(Amended 2019)

**UNIVERSITY OF ILORIN, ILORIN**

**PGS FORM 019**

**POSTGRADUATE SCHOOL**

**PROGRAMME EVALUATION FORM**

FACULTY:…………………………………………………….

PROGRAMME:……………………………………………….

DEPARTMENT:………………………………………………

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| --- | --- |
| Name of Student (Surname First) |  |
| Matriculation Number |  |
| Date of 1st Registration |  |
| Date of Completion of Course Work |  |
| Date of Submission of Long Essay Dissertation /Thesis Assessment or Oral Exam. By External Examiner |  |
| Date of Assessment on Oral Exam. by External Examiner |  |
| Date of Submission of Corrected bound Long Essay, Dissertation or Thesis to the Department |  |
| Confirmation that Students has Completed and Passed All Required Courses and Submitted PG Thesis**HOD’s Name, Signature & Date** |  |
| **PG School Secretary’s Name****Signature & Date** |  |