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PGS Form 7 (2019)

**UNIVERSITY OF ILORIN, ILORIN NIGERIA**

**POSTGRADUATE SCHOOL**

**REGISTRATION OF TITLE OF Ph.D. THESIS**

**(To be completed in Quadruplicate)**

**1.** **Name of Candidate:**

**2. Matriculation Number:**

**3. Department:**

**4. Faculty:**

**5. Mode of Study:**

**6. Degree in View:**

**7. Date of First Registration:**

**8. Proposed Title of Thesis:**

**9. Seminar(s) given (with dates):**

 (i)

(ii)

(iii)

**Note: a Ph.D. degree candidate must have given at least two seminars before Registration of Title of Thesis**

**10.** **Confirmation of item 9 above by Faculty Representative on the Board of Postgraduate School:**

 **I hereby confirm that the papers above have been presented.**

 Name:………………………………………………………. Signature: …………………. Date:…………

**11.** **Supervisor’s Recommendation**: Recommended for Registration

 Name:………………………………………………………. Signature: …………………. Date:…………

**12.** **Comments of the Head of Department:**

 Name:………………………………………………………. Signature: …………………. Date:…………

**13.** **Remarks by the Departmental Postgraduate Committee:**

 Name:………………………………………………………. Signature: …………………. Date:…………

**14.** **Comments by the Faculty Postgraduate Committee:**

Dean of Faculty (Chairman): ………………………………… ……………………………..

 Signature Date

**15.** **Dean of Postgraduate School:**

………………………………… ……………………………..

 Signature Date

**Note: ABSTRACT OF THE THESIS WHICH SHOULD NOT BE MORE THAN 500 WORDS MUST BE ATTACHED**