



**FORM OF APPOINTMENT OF SUPERVISOR AND
CONFIRMATION OF TITLE FOR RESEARCH PROJECT**
(FOR ACADEMIC SESSION 2017/2018 AND ONWARDS)

Course Code: WQB7002 WQC7002 WQD7002

SECTION A: (To be Completed by Student)

Name of Student::		
Program:		Matric No.:
Department:		
Semester/Session:		
Tel.:		
Email:		
Address:		
Field of Research:		
*Title of Research:		

**Please attach proposal if the title is proposed by student.*

Results of Courses Taken:

No.	Course	Code	Sem/Session	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date: _____

Signature: _____

Instruction: Please submit this form to the potential Supervisor for further discussion.



SECTION B: (To be Completed by Supervisor)

Name:		
Department:		
Field of Research:		
Title of Research:		
Signature:		Date:

SECTION C: (To be Completed by Postgraduate Office)

Date received: _____

Comments (if any): _____

Approved Not approved

Signature & Stamp of Coordinator

Verified by:

Signature & Stamp of Deputy Dean (Postgraduate)