COLLEGE OF SOCIAL *AND* MANAGEMENT SCIENCES
POSTGRADUATE STUDIES

THESIS PROPOSAL /PRE-FIELD APPROVAL FORM (FORM B)

Name:(Surname First): ……

Registration/Matric Number:……**Marital Status:**……**Sex:**……

Programme: ……**Degree in View**……

Semester and Session of First Registration:……

Current Semester and Session:……

Nationality: ……**State of Origin**: ……

Contact Address During Research Period: ……

E-mail address: ……**Phone Number(s)**: ……

Previous Qualifications Obtained with Dates: ……

Topic:……

……

Research Questions/ Hypothesis:……

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……

Significance of Study:……

……

Theoretical Framework:……

Research Methodology:……

Method(s) of Data gathering:……

Test of Analysis:……

Expected Contribution to Knowledge:……

……

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FOR OFFICIAL USE ONLY

Supervisor: (Name):…… **Sign:**…… **Date:**……

Co-supervisor: (Name):…… **Sign:**…… **Date:**……

Confirmed by: (Name:…… **Sign:**…… **Date:**……

HOD: (Name):…… **Sign:**…… **Date:**……

Corrections Confirmed by: 1 **(Name):**…… **Sign:**…… **Date:**……

2 **(Name):** …… **Sign:**…… **Date:**……

College PG Coordinator: **(Name):**…… **Sign:**…… **Date:**……

Provost :(Name):…… **Sign:**…… **Date:**……