

**COLLEGE OF SOCIAL AND MANAGEMENT SCIENCES  
POSTGRADUATE STUDIES**

**POST-FIELD DEFENCE CORRECTION APPROVAL FORM (FORM C)**

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:.....

.....

Statement of Problem(s):.....

Objectives:.....

Theoretical Framework:.....

Methodology (Corrections):.....

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Research Findings:.....

Conclusion:.....

Recommendation:.....

Major Corrections Suggested(s):.....

Evidence of Correction Made (Student may attach extra page).....

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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:.....