

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

**INTERNAL DEFENCE CORRECTION FORM (FORM D)**

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:.....

Major Correction(s) Suggested:.....

Evidence of Correction made: (Student may attach extra page).....

Content Editing: Yes/No (attach evidence):.....

Language Editing: Yes/No: (Attach Evidence):.....

**FOR OFFICIAL USE ONLY**

Supervisor: (Name):..... Sign:..... Date:.....

Co-supervisor: (Name):..... Sign:..... Date:.....

Internal Examiner: (Name):..... Sign:..... Date:.....

HOD: (Name):..... Sign:..... Date:.....

Corrections Confirmed by: 1 (Name):..... Sign:..... Date:.....

2 (Name): ..... Sign:..... Date:.....

College Representative: (Name):..... Sign:..... Date:.....

College PG Coordinator:..... Sign:..... Date:.....

Provost: (Name):..... Sign:..... Date:.....