

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

EXTERNAL EXAMINATION CORRECTION FORM (FORM E)

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).....

FOR OFFICIAL USE ONLY

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

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

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

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

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

University Representative:..... Sign:..... Date:.....

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

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