**OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, NIGERIA**

**THE POSTGRADUATE COLLEGE**

**"FORM C"**

### APPLICATION FOR EXTENSION OF TIME TO FINISH POSTGRADUATE WORK

**SECTION A:** *(To be completed by the Candidate)*

**1. Name of Candidate**: --------------------------------------------------------------------------------

*(Surname in Capitals) (First Name) (Other Name)*

**2. Candidate’s Registration Number:** -------------------------------------------------------------------

**3. (i) Degree to which Candidate was Admitted:** ------------------------------------------------------

1. **Semester and Session of First Registration:** ----------------------------------------------------

**4. Mode of Study** *(Part-time or Full-time):* --------------------------------------------------------------

1. **Number of Semesters Already Spent:** ----------------------------------------------------------------
2. **Date of Board Approval of Form A:** ------------------------------------------------------------------
3. **Thesis Title as Approved by the Postgraduate College: ------------------------------------------**

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1. **Period of Extension Requested by the Candidate:** -------------------------------------------------
2. **Reason for the Extension:**

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---------------------------------------------------- **Date:** -------------------------------------

**Signature of Candidate**

**SECTION B:** *(To be Completed by the Head of Department)*

1. **Academic Record of Student:**
2. **Weighted Average of Coursework Results:** --------------------------------------------
3. **Current Stage of Thesis:** ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
4. **Supervisor’s Comments:**

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**Supervisor’s Name and Signature**

**Date:** -------------------------------

**3. Recommendations by the Head of Department:**

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**Head of Department’s Signature**

**Date:** -------------------------------------

**SECTION C:** *(To be completed by the Chairman, Faculty Postgraduate Committee)*

**Comments of the Faculty Postgraduate Committee:**

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**Name of Chairman, Faculty Postgraduate Committee** **Signature and Date**