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

**THE POSTGRADUATE COLLEGE**

**"FORM F"**

###### CERTIFICATION (AS REQUIRED) ON SATISFACTORY AMENDMENTS ALREADY MADE

**SECTION A:** *(To be completed by the Head of Department)*

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

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

1. **Candidate’s Registration Number:** -------------------------------------------------------------------
2. **Candidate’s Qualification(s):** --------------------------------------------------------------------------
3. **Department and Faculty:** ------------------------------/------------------------------------------------
4. **Degree to which Candidate was Admitted:** ---------------------------------------------------------
5. **Semester and Session of First Registration:** ---------------------------------------------------------
6. **Title of Thesis:** ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
7. **Date of Oral Examination:** -----------------------------------------------------------------------------
8. **Date of Submission of Corrected Thesis:** ------------------------------------------------------------

**SECTION B:** *(To be completed by the Head of Department, Supervisor and External Examiner where necessary)*

1. We certify that ---------------------------------------------------------------, Registration Number ------------------------------------------------, has satisfactorily effected the amendments pointed out in Paragraph ....…… of Form E.
2. **Signatures of Persons Certifying Amendments Effected:**

**(i)** ---------------------------------------- --------------------------------------------

 **Name of Supervisor Signature and Date**

**(ii)** ---------------------------------------- --------------------------------------------

  **Name of Co-Supervisor** (*if any*)  **Signature and Date**

**(iii)** ---------------------------------------- --------------------------------------------

 **Name of Chief Examiner** **Signature and Date**

**(iv)** --------------------------------------- ---------------------------------------------

 **Name of External Examiner**  **Signature and 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**