

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

 **THE POSTGRADUATE COLLEGE**

**“FORM R”**

**APPLICATION FOR SPLIT-SITE Ph.D. RESEARCH**

**SECTION A: (*To be completed by Student)***

**1. Name of Candidate**:…………………………………………………………………….……

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

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

3. **Candidate’s Qualifications** (*Stating Degree, Discipline, Class, University and Date*):

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4. **Department and Faculty into which Candidate was Admitted** (*Specify Semester and*

*Sessions*):……………………………………………………………………………………….

………………………………………………………………………………………………….

5. (i) **Degree to which Candidate was Admitted** (*State Discipline in Parenthesis*):

 …………………………………………………………..………………………………….

 (ii) **Semester and Session of First Registration**:………………………………….………….

6. (i) **Title of Proposed Research** (*Should not be more than 22 words*):

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 ………………………………………………………………….…………………………..

 (ii) **Venue of Split-site Research** (State, University/Organisation and Country):

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 (iii) **Period of Proposed Research Abroad:**

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7. **Justification for Split-site Research:**

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8. **Arrangement for Research Supervision while Abroad:**

 (i) **Internal Supervision**:...........................................................................................................

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 (ii) **External Supervision**:........................................................................................................

9. **Signature of Candidate**:....................................................... **Date**......................................

**SECTION B:** (*To be completed by Supervisor and Heads of Departments*)

1. **Date of Board Approval of Ph.D. Qualifying Examination Result**:......................................

2. **Date of Board Approval of ‘Form A’**......................................................................................

3. **Supervisor’s Comments**

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4. **Head of Department’s Comments**

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**SECTION C**

1. **Comments of the Faculty Postgraduate Committee**:

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2. **Signatures and Dates:**

 (a) **Supervsor**:......................................................................................................................

 (b) **Co-Supervisor** (*if any*):.................................................................................................

 (c) **Head of Department**:.....................................................................................................

 (d) **Chairman, Faculty Postgraduate Committee**:

 **Name**................................................. **Signature**.............................  **Date**...................