

UNIVERSITY OF LAGOS
SCHOOL OF POSTGRADUATE STUDIES
APPLICATION FOR PERMISSION TO DO PART OF RESEARCH ELSEWHERE

INSTRUCTION TO STUDENTS

- a) *It is the student's responsibility to ensure that this report is duly completed early for approval and with all relevant documents attached.*
- b) *All completed forms should be sent to the School of Postgraduate Studies through the various Supervisors, Coordinators and Heads of Department (NOT BY STUDENTS).*

PARTICULARS OF CANDIDATE

Name of Student (Surname first, in CAPITALS):

Matric. No:..... Degree in view:.....

Current Mode of Study: (a) Full-Time () (b) Part-Time () (c) Staff Candidate ()

Session of Admission:..... Date of First Registration

Session of Last Registration:..... Date of Last Registration:

Proposed Title of Thesis:.....

.....

Institution to do Part-Research:.....

Name and Contact of Laboratory:

.....

Period to be Spent: From:.....To:

Justification for Application:.....

.....

.....

Host Supervisor(s):

- Name (if Full): Status:

- Email: Phone Number:

Comment by Supervisors in the University of Lagos:

Supervisor 1:.....

.....

Name: Signature & Date:

Supervisor 2:.....

.....

Name: Signature & Date:

RECOMMENDATION

The Departmental Postgraduate Committee at its meeting of..... considered the above application and recommended it to the Board of Postgraduate Studies for approval.

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Head of Department

.....
PG Coordinator