

**UNIVERSITY OF LAGOS
SCHOOL OF POSTGRADUATE STUDIES**

**APPLICATION FOR CHANGE OF STATUS FORM FULL TIME TO PART TIME OR
STAFF CANDIDATE OR VICE VERSA**

DEPARTMENT OF

Particulars of Candidate

Name:.....

Matric. No:.....

Qualification(s) with date & Institutions

Date of First Registration:.....

Degree in view:.....

Status:.....

Reason (s) for Desired Change:.....

.....
.....
.....
.....

P.S: Any letter from the candidate in support of the application should be attached to this application.

Recommendation

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

Signed:
*Chairman,
Departmental Postgraduate Committee*

Signed:
Head of Department