

**UNIVERSITY OF LAGOS
SCHOOL OF POSTGRADUATE STUDIES**

APPLICATION FORM FOR Ph.D. GRANT

INSTRUCTION TO STUDENTS

- a) *It is the Applicant's responsibility to ensure that this report is duly completed.*
- b) *Consideration for Grant is contingent upon up-to-date status with SPGS.*
- c) *Consideration for Award is subject to Senate approval of PhD Coursework Results with a Minimum of 4.50 CGPA.*
- d) *Candidate must not have spent more than three Academic Sessions on the Ph.D. Programme (and two sessions on M.Phil. before conversion to Ph.D.)*
- e) *Applicant must attach:*
 - **Appendix A:** *Current Student Profile printed from SPGS Platform;*
 - **Appendix B:** *Abstract of proposed PhD Thesis work (in 250 - 400 words)*
 - **Appendix C:** *Relevance of PhD Research to National Development (in not more than 250 words)*
 - **Appendix D:** *Evidence of Coursework Approval*
 - **Appendix E:** *Copy of Last Progress Report submitted to SPGS on PhD Programme*

SECTION A: APPLICATION BY THE CANDIDATE

Name of Student (Surname first, in CAPITALS):

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

Department:.....

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:

Number of Sessions Spent on: (a) M. Phil: (b) Ph.D.:.....

Date of Approval of Ph.D. Coursework:..... CGPA.....

Proposed Title of Thesis:.....

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Perception of overall progress made in the last one session: Good () Fair () Poor ()

Provide details of any form of Scholarship/Grant you enjoy currently:

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I declare that the information provided are correct and I agree to be disqualified if found otherwise.

Student's Signature:..... Date:

SECTION B: RECOMMENDATION BY THE SUPERVISORS

Name of Student (Surname first,):

Matric No.: Department:.....

Supervisor 1:.....
.....

Name: Signature & Date:

Supervisor 2:.....
.....

Name: Signature & Date:

SECTION C: ATTESTATION

This is to certify that the Departmental Postgraduate Committee, at its meeting of, considered this Application and recommended same for consideration (*Names & Signatures Required*).

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Head of Department *PG Coordinator*

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