

## DEPARTMENT OF CHEMISTRY, AHMADU BELLO UNIVERSITY, ZARIA

## **COMPLETION OF POSTGRADUATE PROGRAMME FORM**

Candidate Name:		Registration No		_
degree	formity with School of Postgraduate Studie e, all postgraduate students must complete ternal examination.		• •	
1.	Seminar Presentation.  This is to certify that the candidate has prefor Ph.D.) of seminar on the research world		d number (2 for M.Sc. and	I 3
	Name of Seminar Coordinator	Signature	 Date	
2.	Consent of Members of Supervisory Com This is to certify that the thesis/dissertation examination.		e and it is ready for exterr	ıal
	Name of Chairman Supervisory Committee	ee Signature	Date	
	Name of Member Supervisory Committee	Signature	 Date	
	Name of Member Supervisory Committee	Signature	 Date	
3.	Evidence of Publication emanating from research work  This is to certify that evidence is attached of publications or at least letter of acceptance (minimum of 1 for M.Sc. and 2 for Ph.D.) with the thesis/dissertation submitted for processing for external examination.			
	Name of Postgraduate Coordinator	Signature	Date	
4.	Head of Department Confirmation			
		Signature	Date	