

DEPARTMENT OF CHEMISTRY AHMADU BELLO UNIVERSITY ZARIA

POST-GRADUATE SEMINAR NOTIFICATION/CONSENT FORM

Student's Name: (Surname first)			
Reg. No:			
Course of study:			
Seminar Title:			
Seminar Type: Proposa (Tick as appropriate) Mobile No: <u>Supervisory Team</u>	l Defense Progre	ess Report Fina	ll Report
Name (Major supervisor)	Signature	Date	
Name (Minor supervisor)	Signature	Date	
Name (Minor supervisor)	Signature	Date	

NOTE

1) Major supervisor must personally endorse this form before it can be accepted for processing.

2) It is the candidate's duty to ensure that copies of the presentation are made available for the chairperson before the proposed seminar date.

3) Candidates should expect up to four [4] weeks after submission of the forms to get a tentative date for presentation.

4) Supervisors should note that by appending their signature to this form they have given their **consent and agree to be present in person on the day of their student's seminar presentation**, failure of which the student may not be allowed to present.