

**FORM OF APPOINTMENT OF SUPERVISOR AND  
CONFIRMATION OF TITLE FOR RESEARCH PROJECT**

COURSE CODE:  WQD7002  WQD7023  WQE7006  WQE7023  WQF7023

**SECTION A: (To be Completed by Student)**

<b>Name of Student::</b>		
<b>Program:</b>		<b>Matric No.:</b>
<b>Department:</b>		
<b>Semester/Session:</b>		
<b>Tel.:</b>		
<b>Email:</b>		
<b>Address:</b>		
<b>Field of Research:</b>		
<b>*Title of Research:</b>		

*\*Please attach proposal if the title is proposed by student.*

**Results of Courses Taken:**

No.	Course	Code	Sem/Session	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Instruction:** Please submit this form to the potential Supervisor for further discussion.

**SECTION B: (To be Completed by Supervisor)**

<b>Name:</b>		
<b>Department:</b>		
<b>Field of Research:</b>		
<b>Title of Research:</b>		
<b>Signature:</b>		<b>Date:</b>

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**SECTION C: (To be Completed by Postgraduate Office)**

**Date received:** \_\_\_\_\_

Comments (if any): \_\_\_\_\_

Approved       Not approved

\_\_\_\_\_  
Signature & Stamp of Coordinator

**Verified by:**

\_\_\_\_\_  
Signature & Stamp of Deputy Dean (Postgraduate)