



COLLEGE OF SOCIAL AND MANAGEMENT SCIENCES
POSTGRADUATE STUDIES

THESIS TOPIC APPROVAL FORM (FORM A)

Name: (Surname First):

Registration/Matric Number:.....Marital Status:.....Sex:.....

Programme:Degree in View.....

Semester and Session of First Registration:.....

Current Semester and Session:.....

Nationality: State of Origin:

Contact Address During Research Period:

E-mail address: Phone Number(s):

Previous Qualifications Obtained with Dates:

Topic:.....

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Independent Variable(s):.....

Dependent Variable(s):.....

Intervening Variable:.....

Scope: Temporal:.....

Spatial:.....

Content:.....

Justification:.....

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FOR OFFICIAL USE ONLY

Supervisor: (Name):..... Sign:..... Date:.....

Co-supervisor: (Name):..... Sign:..... Date:.....

Confirmed by: (Name):..... Sign:..... Date:.....

HOD: (Name):..... Sign:..... Date:.....

Provost:..... Sign:..... Date:.....