UNIVERSITY OF GHANA
SCHOOL OF GRADUATE STUDIES

Form for Approval of Supervisors/Examiners for Graduate Students

Name: ……..

Postal Address: ……..

Email ……Tel. No (s)…….

Present Position: Professor/ Assoc. Prof (Reader)/ Snr. Lecturer/ Lecturer/Other (Please specify)

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Proposed Role: External Examiner/Internal Examiner/Principal Supervisor/Co-supervisor/ Member of Supervisory Committee (Please underline as appropriate)

If External Examiner, is appointment for the first time? (Please tick) Yes …….... No …….

Qualification: (Highest degree attained) ……..

Areas of Research Interest: (State main areas of research interest)

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Current Areas of Active Research:

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Supervision Experience:
(List 3 recent thesis/dissertation research supervised indicating name of student, thesis title, date of thesis/dissertation. You may attach separate sheet).

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Publications: (List 5 recent and relevant publications indicating title, year, publisher, etc. Please attach separate sheet)

Head of Dept's Signature & Stamp…….. Date…….

APPROVAL BY DEAN OF SCHOOL/DIRECTOR

Approved [ ] **Not Approved [ ]**

Signature & Stamp…….. Date…….

APPROVAL BY DEAN OF GRADUATE STUDIES/GRADUATE BOARD

SIGNATURE & STAMP:……... DATE ……...