

UNIVERSITY OF GHANA
SCHOOL OF GRADUATE STUDIES

Form for Approval of Supervisors/Examiners for Graduate Students

Name:

Postal Address:

EmailTel. 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: (Please state Highest degree attained and the contribution)

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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