



**KEBBI STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY, ALIERO
(POSTGRADUATE SCHOOL)**

SUPERVISORY COMMITTEE FORM

Instruction: To be completed in quadruplet

1. Admission Number: _____

2. Name: _____
 Title Surname, First Name Middle Name

3. Programme: _____ Department: _____

4. Faculty: _____ First year of Registration: _____

5. Supervisory Committee:

Major Supervisor: _____

Co-Supervisor: (1) _____

Co-Supervisor: (2) _____

(M.Phil./Ph.D. only)

6. Departmental Postgraduate Committee Recommendation: _____

Name and Signature of Chairman

Date

7. Faculty Postgraduate Committee Recommendation: _____

Name and Signature of Chairman

Date

8. Recommendation of Board of Postgraduate School: _____

Name and Signature of Dean

Date

9. Senate Approval:

Signature of Chairman

Date