American University of Nigeria, Yola

School of Graduate Studies

SGS 033

Supervisor Consent Request form

This document contains details of students and supervisor(s) consent. And the list of committee members.

Student details

Name	
ID Number	
AUN Email	
Contact number	
Signature and Date	

Supervisor's Remarks

I /we, am /are willing to take Mr / Ms. ---------- of MSc / PhD under my / our supervision for the completion of his / her research work at the American University of Nigeria (AUN), Yola.

Supervisor #1 (Main Supervisor)*

Name	
Designation	
Email	
Contact number	
Signature and Date	

Supervisor #2 (Co-Supervisor)**

Name	
Designation	
Email	
Contact number	
Signature and Date	

Members of Committee (Other than student and supervisor)

S/No.	Name	Signature

Program of study

Doctorate (name of program)	
Masters (name of program)	

Year of first registration:

Authorization:

(Approved / Not Approved)	(Approved / Not Approved)	(Approved / Not Approved)
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Dean, School American University of Nigeria	Chair of Program American University of Nigeria	Coordinator, Graduate Program American University of Nigeria