**CONFIDENTIAL**

**UNIVERSITY OF LAGOS**

**ELECTION OF DEAN**

**PROPOSAL FORM**

I. **SCHOOL OF POSTGRADUATE STUDIES (SPGS)**……………………………………….

II. **NAME OF NOMINEE FOR THE POST OF DEAN:**

…………………………………………………………………………………………………….

 SURNAME FIRST NAME OTHER NAME TITLE

(Please write in Block Letters)

 DEPARTMENT ………………………………………………………………………………

 Telephone………………………Unilag E-MAIL ADDRESS…………………………

III. NAME OF PROPOSER: ……………………………………………………………………….

(Please write in Block Letters)

DEPARTMENT ………………………………………………………………………………

SIGNATURE: ………………………………………………………………………………

IV. NAME OF SECONDER: ………………………………………………………………………..

(Please write in Block Letters)

DEPARTMENT ………………………………………………………………………………….

SIGNATURE: ……………………………………………………………………………………

V. SIGNATURE OF NOMINEE TO INDICATE

ACCEPTANCE OF NOMINATION: …………………………………………………………..

DATE: ……………………………………………………………………………………………