

# WEST AFRICAN COLLEGE OF PHYSICIANS

## RESEARCH PROPOSAL AND TITLE REGISTRATION ASSESSMENT FORM OF PART II CANDIDATES

1. Name of Candidate: \_\_\_\_\_
2. Faculty of Candidate: \_\_\_\_\_
3. Name of Training Institution: \_\_\_\_\_
4. Address of Training Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name of Supervisor: \_\_\_\_\_
6. Address of Supervisor: \_\_\_\_\_  
(if different from 4 above)  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of secondary Supervisor: \_\_\_\_\_  
(Required only if Supervisor is
  - a) Less than five years as fellow of the faculty or
  - b) Not a fellow of the college).
8. Address(es) of other Supervisor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Month and Year part 1 was passed: \_\_\_\_\_
10. Proposed examination Date: \_\_\_\_\_
11. Proposed Title of project: \_\_\_\_\_

12. Aims and objectives study including your definition of the research problem (not more than 200 words).

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13. Proposed Methodology (not more than 1000 words).

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14. Literature Review (including relevant African Literature, not more than 1,500 words).

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15. Relevance of the proposal project to the practice of the discipline (not more than 250 words).

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16. Application supported by:

- a) Head of Department Name: .....  
If a fellow, year of Fellowship: .....  
Signature and Date: .....
- b) Supervisor: Name: .....  
If a fellow, year of Fellowship: .....  
Signature and Date: .....
- c) Second Supervisor: Name: .....  
If a Fellow, year of Fellowship: .....  
Signature and Date: .....
- d) Other Supervisor(s): Name: .....  
Signature and Date: .....  
Name: .....  
Signature and Date: .....  
Candidate's Signature and Date: .....

**17. For Official Use Only**

a) Date of Receipt of proposal	.....
b) Date forwarded to Chief Examiner or Designated assessor	.....
c) Date returned by Chief Examiner or designated assessor	.....
d) Approved by Chief Examiner (Yes/No)	.....
e) If not approved, objections must be communicated to the Candidate. Date approval/Objections communicated.	.....