OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR INTERNAL EXAMINERS

MASTER DEGREES

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| **Name of Examiner** (IN FULL)……………………………………………………………………………………………….(Block Letters initials not Acceptable) |

 Address & Phone No of Examiner ………………………………………………………………………………………. |

 **Candidate’s Details**

 Name of Candidate being Examined:……………………………………………………………………………………

 Reg. No:……………………………………………………………………………………………………………………………….

 Degree for which Candidate was examined:……………………………………………………………………....

 Date of Examination:……………………………………………………………………………………………………………

 **Bank Details**:

1. Bank Name:………………………………………………………………………………………………………………
2. Bank Branch:…………………………………………………………………………………………………………….
3. Account No:…………………………………………………………………………………………………………….
4. Account Type………………………………………………………………………………………………………….
5. Bank Sort Code:………………………………………………………………………………………………………
6. E-mail Address:………………………………………………………………………………………….……………

**Internal Examiner’s Honoraria**:

Chief Examiner - N10,000.00

Internal Examiner- N15,000.00

Signature of Internal Examiner……………………………………………………………………………………………….

Signature of Chief Examiner:………………………………………………………………………………………………….

**FOR COLLEGE, BURSAR OFFICIAL USE**

Payment Authorized By:………………………………………………………………………………………………………..

Signature…………………………………………….

 College Bursar

OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR INTERNAL EXAMINERS

Ph.D DEGREES

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| **Name of Examiner** (IN FULL)……………………………………………………………………………………….…….(Block Letters initials not Acceptable) |

 Address & Phone No of Examiner …………………………………………………………………………….………. |

 **Candidate’s Details**

 Name of Candidate being Examined:……………………………………………………………….…………………

 Reg. No:……………………………………………………………………………………….…………………………………….

 Degree for which Candidate was examined:……………………………………………………………………..

 Date of Examination:…………………………………………………………………………………………………………

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4. Account Type………………………………………………………………………………………………………….
5. Bank Sort Code:………………………………………………………………………………………………………
6. E-mail Address:………………………………………………………………………………………………………

**Internal Examiner’s Honoraria**:

Chief Examiner - N15,000.00

Internal Examiner- N20,000.00

Signature of Internal Examiner……………………………………………………………………………………….

Signature of Chief Examiner:………………………………………………………………………………………….

**FOR COLLEGE, BURSAR OFFICIAL USE**

Payment Authorized By:……………………………………………………………………………………………..

Signature…………………………………………….

 College Bursar

OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR INTERNAL EXAMINERS

CONVERSION/QUALIFYING EXAMINATIONS

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| --- |
| **Name of Examiner** (IN FULL)……………………………………………………………………………………………….(Block Letters initials not Acceptable) |

 Address & Phone No of Examiner …………………………………………………………………..…………………. |

 **Candidate’s Details**

 Name of Candidate being Examined:……………………………………………………………………………………

 Reg. No:……………………………………………………………………………………………………………………………….

 Degree for which Candidate was examined:………………………………………………………………………..

 Date of Examination:……………………………………………..……………………………………………………………

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2. Bank Branch:…………………………………………………………………………………………………………….
3. Account No:………………………………………………………………………………………………………………
4. Account Type………………………………………………………………………..………………………………….
5. Bank Sort Code:…………………………………………………………………………………………………………
6. E-mail Address:…………………………………………………………………………………………………………

**Internal Examiner’s Honoraria**:

Ph.D. Qualifying Exam - ~~N~~5,000

Signature of Internal Examiner……………………………………………………………………………………………….

Signature of Chief Examiner:………………………………………………………………………………………………….

**FOR COLLEGE, BURSAR OFFICIAL USE**

Payment Authorized By:………………………………………………………………………………………………………..

Signature…………………………………………….

 College Bursar