OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR INTERNAL EXAMINERS

MASTER AND Ph.D DEGREE

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| |  | | --- | | Name of Examiner (IN FULL)………………………………………………………………………………………………………….  (Block Letters Initial not Acceptable) |   Address of Examiner & phone No………………………………………………………………………………………………….. |

Bank Details:

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

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

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

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

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

Internal Examiner’s Honoraria:………………………………………………………………………………………….

M.A & M.Sc. - N10,000.00

Ph.D - N15,000.00

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

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

FOR COLLEGE, BURSAR OFFICIAL USE

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

Signature…………………………………………….

College Bursar