OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR **SUPERVISOR’S HONORARIA**

MASTER AND Ph.D DEGREE

|  |  |
| --- | --- |
| |  | | --- | | **Name of Supervisor (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:……………………………………………………………………………………………………………

Supervisor’s Honoraria:………………………………………………………………………………………….

M.A & M.Sc. - N12,000.00

M.Phil - N15,000.00

Ph.D - N20,000.00

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

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

FOR COLLEGE, BURSAR OFFICIAL USE

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

Signature…………………………………………….

College Bursar