OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR INTERNAL EXAMINERS

MASTER DEGREES

|  |  |
| --- | --- |
| |  | | --- | | **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

|  |  |
| --- | --- |
| |  | | --- | | **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 - 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

|  |  |
| --- | --- |
| |  | | --- | | **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**:

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