OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

POSTGRADUATE COLLEGE

CLAIM FORM FOR EXTERNAL 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:……………………………………………………………………………………………………………

External Examiner’s Honoraria:………………………………………………………………………………………….

M.Sc.+ Thesis - N30,000.00

Ph.D - N50,000.00

Mileage

Signature of External Examiner…………………………………………………………………………………………..

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

FOR COLLEGE, BURSAR OFFICIAL USE

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

Signature…………………………………………….

 College Bursar