

UNIVERSITY OF IBADAN
POSTGRADUATE SCHOOL

CLAIMS FORM FOR INTERNAL EXAMINERS FOR HIGHER DEGREE EXAMINATION
(Fill in triplicate)

The underlisted Academic Staff had taken part in an M.Phil. Ph.D./Ph.D. Conversion Examination.

Name of Candidate..... Department.....

Matric. No.:..... Date of Examination.....

S/NO.	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Internal/ External		₦5, 000.00				

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Dean Postgraduate School

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Head of Department

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S/NO.	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Chairman/ Supervisor		₦10,000.00				
2		Internal/ Supervisor		₦10,000.00				
3		Co-Supervisor		₦10,000.00				
4		Internal/ External		₦10,000.00				
5		Sub-Dean (PG)		₦3,000.00				

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Name of Candidate..... Department.....

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S/NO.	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Chairman/ Supervisor		₦7,500.00				
2		Internal/ Supervisor		₦7,500.00				
3		Co-Supervisor		₦7,500.00				
4		Internal/ External		₦7,500.00				
5		Sub-Dean (PG)		₦3,000.00				

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