

UNIVERSITY OF IBADAN
POSTGRADUATE SCHOOL
CLAIMS FORM FOR EXTERNAL EXAMINERS FOR HIGHER DEGREES
(Please complete in triplicate)

Name of Claimant _____

Address of Claimant _____

Status: Professor [] Reader [] Senior Lecturer []

Bank Details: (a) Bank & Branch.....
 (b) Account No.....
 (c) Sort Code.....

Telephone No.:..... e-mail address:.....

Examination: _____ Candidate: _____

SCHEDULE OF PAYMENT TO EXTERNAL EXAMINERS

| | | |
|-----|--|--------------------------|
| (a) | For participating in the Master's Degree Examination (by course work) and project report: | Approved Rate (N) |
| | (i) Up to 25 candidates @ N5,000.00/candidate (maximum) (No External Examiner can examine more than 25 candidates) For participating in M.Sc Examination | 20,000.00 |
| | (ii) For participating in the M.Phil. Examinations (per candidate)..... | 35,000.00 |
| | (iii) For participating in Ph.D., M.D..... | 50,000.00 |

- (b) *The University will also be responsible for the following:*
- (i) Tourist/Air and/or Economy Class Sea or Rail/return passage
 - (ii) Road Travel Claims at (N20.00k) per k.m. (appropriate University mileage form should be filled), car hire claims are subject to approved maximum amount
 - (iii) Hotel Accommodation (special request must be made in writing by the Head of Department if and when necessary)

- Note:**
- (1) Examiners who purchase their ticket directly would be expected to submit the receipt(s) and ticket stub(s) in order to claim a refund of the expenses incurred.
 - (2) Refund for car hire will not exceed 2.5 times the approved mileage rate for the distance covered.
 - (3) Refund for airport taxi drop will not exceed 3.5 times approved mileage rate for the distance covered.
 - (4) Examiners are expected to sleep in the University guest houses. Only in exceptional cases shall hotel bills be paid in lieu of accommodation at the approved official rate (Professor and Reader: N16,000/night, Senior Lecturer: N12,500/night).

Total
N

9. External Examiner's Signature _____

10. Claim certified by H.O.D.: _____ Date _____

Official Stamp _____

*The Bursar,
 University of Ibadan*

Please arrange for payment to be made to the External Examiner named above. For external examiners from outside Nigeria, their fees should be paid from the university's foreign account.

**Dean
 Postgraduate School**