PGS Form 08 (2019)

**UNIVERSITY OF ILORIN, ILORIN, NIGERIA**

**POSTGRADUATE SCHOOL**

**CLAIM FORM FOR INTERNAL EXAMINERS FOR Ph.D. EXAMINATIONS**

(Please Complete in Triplicate)

**LIST OF INTERNAL EXAMINERS**

Name of Chief Examiner: ………………………………………..………………………………………………………………….

Bank Details: …………………………………………………………………………………………………………………………….

Name of Internal Examiner from a related discipline ………………………………………………………………………………….

Bank Details: …………………………………………………………………………………………………………………………….

Name of Supervisor and Internal Examiner: ………………………………………………………..……………..…….

Bank Details: …………………………………………………………………………………………………………………………….

Name of Departmental Postgraduate Programmes Coordinator and Internal Examiner:

…………………………………………………………………………………………………………………………………………………………………………..

Bank Details: ……………………………………………………………………………………………………………………………

Name of the Ph.D. Student Examined and Matriculation Number:

………………………………………………………………………………………………………………………………………………..

Degree in View: ………………………………………………………………………………………………………………………..

Doctor of Philosophy - Honorarium - N10,000.00 per Internal Examiner

**Grand Total** = ……………………………………………………………………………….

Claimant: ……………………………….…. ……..…………………………………

 Signature Date

Certified by Head, Department of …………………………….……………………………………………………………….

 ………………………………………... …….………………………………………

 Name & Signature Date

 Head of Department

**Dean,**

 Payment of the above claim is recommended.

 ……………………………………………

 The Secretary,

Postgraduate School

For: Registrar