PGS Form 09 (2019)

**UNIVERSITY OF ILORIN**

**POSTGRADUATE SCHOOL**

**CLAIMS FORM FOR ENTERNAL EXAMINER FOR MASTER AND**

**POSTGRADAUTE DIPLOMA EXAMINATIONS**

(Please Complete in Triplicate)

NAME OF EXTERNAL EXAMINER: …………………………………………………………………………………………………………….

BANK DETAILS:…………………………………………………………………………………………………………………………………………..

ADDRESS: ………………………………………………………………………………………………………………………………………………….

EXAMINATION: …………………………………………………………………………………………………………………………………………

COURSE: ……………………………………………………………………………………………….........

NAME(S) OF STUDENT(S) EXAMINED

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S/N | MATRIC.NO | NAME | S/N | MATRIC.NO | NAME |
| 1. |  |  | 6. |  |  |
| 2. |  |  | 7. |  |  |
| 3. |  |  | 8. |  |  |
| 4. |  |  | 9. |  |  |
| 5. |  |  | 10. |  |  |

1. Master Degree by Course Work including Project N : K

N40,000.00 for up to 10 students and N60,000.00 for ……………………………………

more than 10 students

1. Mileage Claim at N20.00pkm

Distance covered by the External Examiner

To & Fro Ilorin ( ) ……………………………………

1. Postal Expenses, if any ……………………………………
2. Night allowance: Professors and Readers N16,000.00

Per night Senior Lectures N12,500.00. ……………………………………

GRAND TOTAL

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

Signature Date

Certify by Head, Department of ……………………………

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

Name and Signature Date

Head, Department of

Bursar,

Payment of the above claim is recommended …………………………………………….....

Secretary

Postgraduate School

For; Registrar