**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**TEACHING HONORARIUM CLAIM**

*(For one course only: To be attached to the submission of semester results.)*

|  |  |
| --- | --- |
| **Session:** |  |
| **Semester:** |  |

**Details of Lecturers**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Rank** | **Staff No.** | **Department** | **Faculty** | **Approved to teach?** | **Signature** |
|  |  |  |  |  |  | Yes No |  |
|  |  |  |  |  |  | Yes No |  |

**Bank Details of Lecturers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Account Name** | **Bank Name** | **Account Number** |
|  |  |  |  |
|  |  |  |  |

**Details of Course**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Programme****(PGD/Master/PhD)** | **Number of Students** | **Department** | **Faculty** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Certification by Head of Department:I certify that the above named course was taught by the lecturer(s) who is/are approved to teach PG Courses. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of HOD |  | Signature |  | Date |

**APPROVAL BY DEAN, SPGS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Approved  |  | Not Approved |  |  Signature: |  | Date: |  |

**FOR OFFICE USE ONLY: SPGS FINANCE OFFICE**