**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

 **INTERNAL EXAMINER’S HONORARIUM CLAIM FOR FINAL DEFENCE**

(For ‘Internal-Internal’ and ‘Internal-External’ Examiners)

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| **Session:** |  |

1. **DETAILS OF STUDENT EXAMINED:**

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|  | **Name:** |  |
|  | (Surname) | (Other Names) |
|  | **Reg. Number:** |  | **Email:** |
|  | **Degree in View:** | **Master**

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| 1. | NAME IN FULL (SURNAME FIRST): |  |
|  2. | PHONE NUMBER AND EMAIL ADDRESS: |  |
| 3. | PERMANENT HOME ADDRESS:  |  |
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| 4. | CORRESPONDENCE ADDRESS: |  |
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| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
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|  |  | 1. Address of Sponsor:
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| 8. | QUALIFICATION: | Degree/Qualification Obtained: |
|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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| 9. | OTHER QUALIFICATIONS: | (State subject, year, class of degree and University/Institution) |
|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
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|  |  | Signature of Applicant | Date |

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|  |  | Signature of Applicant | Date |

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|  | **Area of Specialization:** |  |
|  | **Title of Thesis/Dissertation:** |  |
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1. **Details of Examiner**

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|  | **Name:** |  |
|  | (Surname) | (Other Names) |
|  | **Rank:** |  | **Staff No.:** |
|  | **Department:** |  | **Faculty** |
|  | **Area of Specialization:** |  |
|  | **Programme Approved to Supervise:** | PGD

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|  |  | Signature of Applicant | Date |

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1. **Bank Details of Examiner**

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| --- | --- | --- | --- | --- |
| **Account Name** | **Bank Name** | **Account Number** | **Account Type****(Savings or Current)** | **Signature** |
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|  | **Certification by Head of Department:**I certify that the above named student was examined by the lecturer who is approved to supervise PG Programme as indicated above. |

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| Name of HOD |  | Signature |  | Date |

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|  | **Certification by the SPGS Representative:**I certify that the examiner has satisfactorily examined the student. |
| Name of SPGS Representative |  | Signature |  | Date |

**APPROVAL BY DEAN, SPGS**

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

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