**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

 **SUPERVISION HONORARIUM CLAIM**

(For one supervisee only; Completed CPGS Form 036A/036B/036C to be attached)

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

**Details of Supervisor(s)**

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

**Bank Details of Lecturers**

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

**Details of Supervisee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Student** | **Reg. No.** | **Programme****(PGD/Master/PhD)** | **Title of Project/Thesis/Dissertation** | **Department** |
|  |  |  |  |  |

**Stage of Supervision:**  On-going: Completed:

|  |  |
| --- | --- |
|  | Certification by Head of Department:I certify that the above named student was supervised by the lecturer(s) who is/are approved for PG Supervision. |

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

**APPROVAL BY PROVOST, CPGS**

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

**FOR OFFICE USE ONLY: CPGS FINANCE OFFICE**