**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**EXTERNAL EXAMINER’S CLAIMS**

1. **EXTERNAL EXAMINER’S DETAILS**

|  |  |  |
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|  | **Name of External Examiner:** |  |
|  | **Name of Institution:** |  |
|  | **Telephone Number:** |  |
|  | **Department of Nnamdi Azikiwe University to which External Examiner is invited:** |
|  |  |
|  | **Mode of Payment:** | Cheque

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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: |  |
|  |  |
| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
 |  |
|  |  | 1. Address of Sponsor:
 |  |
| 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: |  |
|  |  |  |
|  |  | Signature of Applicant | Date |
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|  |  | Signature of Applicant | Date |

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|  |  | Signature of Applicant | Date |

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|  | **Bank Details:** |
|  | 1. **Bank Name:**
 |  | **Account Number:** |  |
|  | 1. **Account Name:**
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 **(c) Account Type: Current Savings E-Account**

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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
|  |  |  |
|  |  | Signature of Applicant | Date |

1. **PARTICULARS OF CANDIDATES EXAMINED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Reg. No. | Programme | Date of Exam |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
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| 5 |  |  |  |  |

1. **Details of CLAIMS**
2. **Examination of Master’s Thesis**

Assessment of thesis and *viva voce* per candidate: N30,000.00 x ( ) = N \_\_\_\_\_\_\_\_\_\_\_

1. **Examination of PhD Dissertation**

Assessment of dissertation and *viva voce* per candidate: N50,000.00 x ( ) = N\_\_\_\_\_\_\_\_\_\_\_\_

 **Sub-Total: N\_\_\_\_\_\_\_\_\_\_\_\_**

**(c) Travel Expenses**

|  |  |  |
| --- | --- | --- |
|  | **Travel by Land:** |  |
|  | **i) Distance From:** |  | **To:** |  **Km** |
|  | **ii) Distance From:** |  | **To:** |  **Km** |
|  | **iii) Total Distance (km):** |  | **x N20 per km** |
|  | **iv) Air Passage (Economy) From:** |  | **To:** |  N |
|  | **(d) Overnight allowance (per diem)** |  |  |
|  | **(c) Other Claims (Please, specify):** |  |
| **Grand Total: N**  |
| **Amount in words:** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name & Signature of HOD & Date |  | Name & Signature of Dean of Faculty & Date |

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| Approved |  | Not Approved |  |

 |  |  |
| Approval by Provost, CPGS |  | Signature of Provost, CPGS and Date |

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