UNIVERSITY OF EDUCATION, WINNEBA

E10 - CLAIM FORM FOR ORAL EXAMINATION (PHD/MPHIL)

Part A - Details of Claimant	
Name:	Designation:
Staff Number (If applicable):	Telephone Number:
Faculty/Department/Section/Unit:	Academic Year:
Part B - Details of Claim	
Function on Panel (Please tick)	
[] Chairman of Panel	[] Supervisor
[] Dean, SGS	[] External Examiner
[] Dean of Faculty	[] Internal Examiner
[] Head of Department	[] Nominee of Departmental Postgrad. Committee
[] Nominee of Faculty Postgrad. Committee	[] Secretary
Degree Examined (Please tick): PhD. []	M.Phil. []

Please list below the name(s) of student(s) and respective title(s) of thesis examined.				
SN	Name/Index No. of Student	Title of Thesis		

Signature of Claimant

Date(DD/MM/YYYY)

Part C - Approving Officers

Head of Department	t	Signature	Date(DD/MM/YYYY)
Dean, SGS		Signature	Date(DD/MM/YYYY)
Deputy Registrar (A	cademic)	Signature	Date(DD/MM/YYYY)
Part D - Claim Sumr	nary (For Account	ts Officer's Use Only)	
No. of Sessions	Rate (GH¢)	Amount (GH¢)	
Prepared by		Signature	Date(DD/MM/YYYY)
Checked by		Signature	Date(DD/MM/YYYY)

This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.