

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)

- | | |
|---|--|
| <input type="checkbox"/> Chairman of Panel | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Dean, SGS | <input type="checkbox"/> External Examiner |
| <input type="checkbox"/> Dean of Faculty | <input type="checkbox"/> Internal Examiner |
| <input type="checkbox"/> Head of Department | <input type="checkbox"/> Nominee of Departmental Postgrad. Committee |
| <input type="checkbox"/> Nominee of Faculty Postgrad. Committee | <input type="checkbox"/> Secretary |

Degree Examined (Please tick): Ph.D. 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)

