

UNIVERSITY OF EDUCATION, WINNEBA
E06 - CLAIM FORM FOR INTERNAL SUPERVISION/EXAMINATION OF
THESIS/DISSERTATION/LONG ESSAY

Part A - Details of Claimant

Name: _____ Designation: _____
 Staff Number: _____ Telephone Number: _____
 Faculty/Department/Section/Unit: _____ Month/Year: _____

Part B - Details of Claim

Type of Claim (Please tick): Supervision [] Examination []
 Degree Supervised/Examined: Ph.D. [] M.Phil. [] MA [] M.Ed. [] PGDE [] Bachelor's []

Please list below the name(s) of student(s) and respective title(s) of thesis/ dissertation/ long essay supervised/ examined.

No.	Name/Index No. of Student	Title of Thesis/Dissertation/Long Essay

 Signature of Claimant

 Date(DD/MM/YYYY)

Part C - Approving Officers

 Head of Department

 Signature

 Date(DD/MM/YYYY)

 Dean, SGS (Where applicable)

 Signature

 Date(DD/MM/YYYY)

 Deputy Registrar (Academic)

 Signature

 Date(DD/MM/YYYY)

Part D - Claim Summary (For Accounts Officer's Use Only)

Item (Please tick)	No. of Students	Rate (GH¢)	Amount (GH¢)
<input type="checkbox"/> Supervision			
<input type="checkbox"/> Examination			
Total			

 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.