**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**INTERNAL EXAMINERS’ HONORARIA CLAIM FOR MASTERS FINAL DEFENCE**

(For ‘Internal-Internal’ and ‘Internal-External’ Examiners)

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

1. **DETAILS OF STUDENT EXAMINED:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** |  | | | | | |
|  | (Surname) | | | | | | (Other Names) |
|  | **Reg. Number:** | |  | | | **Email:** | |
|  | **Area of Specialization:** | | |  | | | |
|  | **Title of Thesis/Dissertation:** | | | |  | | |
|  |  | | | | | | |
|  |  | | | | | | |

1. **Details of ExaminerS:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of Examiner I:** | | | |  | | | |
|  | (Surname) | | | | | | (Other Names) | |
|  | **Rank:** | |  | | | **Staff No.:** | | |
|  | **Department:** |  | | | | | | **Faculty** |
|  | **Area of Specialization:** | | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of Examiner II:** | | | |  | | | |
|  | (Surname) | | | | | | (Other Names) | |
|  | **Rank:** | |  | | | **Staff No.:** | | |
|  | **Department:** |  | | | | | | **Faculty** |
|  | **Area of Specialization:** | | |  | | | | |

1. **Bank Details of ExaminerS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Account Name** | **Bank Name** | **Account Number** | **Account Type**  **(Savings or Current)** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Certification by Head of Department:**  I certify that the above named student was examined by the lecturer who is approved to supervise PG Programme as indicated above. |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Certification by the SPGS Representative:**  I certify that the examiner has satisfactorily examined the student. | | | | | | |
| Name of SPGS Representative |  | Signature |  | Date |

**APPROVAL BY DEAN, SPGS**

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

**FOR OFFICE USE ONLY: SPGS FINANCE OFFICE**