**UNIVERSITY OF IBADAN**

**POSTGRADUATE COLLEGE**

**PH.D SUPERVISION BY RETIRED ACADEMICS**

**HONORARIUM CLAIMS FORM**

1. Name of Claimant ……………………………………………………………………………………………………………

2. Department/Institute/Centre………………………………………………………………………………………...

3. Faculty……………………………………………………………………………………………………………………………

4. E.mail:……………………………………………………………..(5) Telephone No:………………………………..

6. Date of Retirement from the services of the University…………………………………………………

7. Date of Present Appointment:……………….………………………………………………………………………

8. Name(s) of Ph.D student(s) being supervised ………..……………………………………………………..

 ……………………………………………………………………………………………………………………………………….

 …………………………………………………………………………………………………………………………………………

9. Courses taught and their units (if applicable): (a)………………………………………………………………………………………………………………………………….

 (b)………………………………………………………………………………………………………………………………….

\*10. Semester(s) and Session for which claims are being made:…………………………………………….

11. Name of Bank Name and Branch………………………………………………………………………………………

12. Account No:……………………………………………………………………………………………………………………

13. Sort Code: ……………………………………………………………………………………………………………………….

14. Applicant’s Signature:…………………………………………… Date:………………………………………………

\*\*15. Endorsement by Head of Department and Date ……………………………………………………………..

 …………………………………………………………………………………………………………………………………………

16. Endorsement by Dean of Faculty and Date ………………………….................

 ………………………………………………………………………………………………………………………………………..

17. Endorsement by the Provost, Postgraduate College and Date………………………………………….

18. Approval by the Bursar and Date …………………………………………………………………………………..

19. Action of the Finance Office ………………………………………………………………………………………….

 …………………………………………………………………………………………………………………………………….

 \*Please attach the letter of Appointment for the session which for the claim is being made.

\*\**Endorsement implies a confirmation that the claimant has discharged his/her duties satisfactorily*

**UNIVERSITY OF IBADAN**

**POSTGRADUATE COLLEGE**

**Nomination/Renewal Form for Ph.D Supervision by Retired Academic Staff**

1. **TO BE COMPLETED BY THE NOMIEE**

Department/Institute/Centre………………………………………………………………………………………………

Faculty…………………………………………………………………………………………………………………………………..

1. Name of Nominee:………………………………………………………………………………………….
2. Rank at Retirement………………………………… Year of Retirement………………………..

3. Area of Specialization……………………..…………………………………………………………………

4. Number of Students supervised up to retirement……………………………………………..

 5. Session for which application is being made……………………………………………………….

 6. Number of Students currently being Supervised (if any) ……………………………………

 (Please move to No 8 if the response to No. 6 and 7 is Nil)

7. Name of Students currently supervised (if any)……………………………………………………

 ……………………………………………………………………………………………………………………………..

 ……………………………………………………………………………………………………………………………..

8. Name(s) of Student(s) being proposed for supervision (maximum of two)

 (a) …………………………………………………………………………………………………………………………

 (b) …………………………………………………………………………………………………………………………..

9. Are you willing to teach? Yes ( ) No ( )

10. If yes, list courses to be taught and their units (Maximum of two)

 ………………………………………………………………………………………………………………………….

 ………………………………………………………………………………………………………………………….

11. Signature and Date……………………………………………………………………………………………..

(B) **TO BE COMPLETED BY THE HEAD OF DEPARTMENT/FACULTY AND POSTGRADUATE COLLEGE**

12. Will the Department be able to provide an office space for the Nominee

Yes ( ) No ( )………………………………………………………………………………………….

13. If no please explain ……..………………………………………………………………………………………….

 …………………………………………………………………………………………………………………………………

14. Endorsement by Head of Department/Director and Date ………………………………………….

 ……………………………………………………………………………………………………………………………………

15. Endorsement by Dean of Faculty and Date …………………………………....................................

 …………….………………………………………………………………………………………………………………………..

16. Endorsement by the Provost, Postgraduate College and Date…………………………………………