

**UNIVERSITY OF IBADAN**  
**POSTGRADUATE COLLEGE**

**CLAIMS FORM FOR INTERNAL EXAMINERS FOR HIGHER DEGREE EXAMINATION**

(Fill in triplicate)

The underlisted Academic Staff had taken part in an (Academic Master) Examination

Total number of Candidates:..... Department.....

Indicate the Degree: M. A/M. Sc./M. Ed. etc..... Date of Examination.....

S/NO	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Chairman/H.O.D		₦5, 000.00				
2		Supervisor		₦5, 000.00				
3		Supervisor		₦5, 000.00				
4		Supervisor		₦5, 000.00				
5		Supervisor		₦5, 000.00				
6		Supervisor		₦5, 000.00				
7		Supervisor		₦5, 000.00				
8		Supervisor		₦5, 000.00				
9		Supervisor		₦5, 000.00				
10		Supervisor		₦5, 000.00				

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**Provost, Postgraduate college**

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**Head of Department**

Note: (1) Kindly use extra sheet if numbers of examiners exceed the ten indicated above.  
(2) Also note that honorarium payable for Masters Oral Examination is ₦5, 000.00 flat rate, irrespective of number of candidates or number of examinations conducted.

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**POSTGRADUATE COLLEGE**

**CLAIMS FORM FOR INTERNAL EXAMINERS FOR HIGHER DEGREE EXAMINATION**  
(Fill in triplicate)

The underlisted Academic Staff had taken part in an M.Phil/Ph.D Conversion Examination

Name of Candidate..... Department.....

Matric. No.:..... Date of Examination.....

S/NO	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Internal Supervisor		N5,000.00				

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**Head of Department**

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**POSTGRADUATE COLLEGE**

**CLAIMS FORM FOR INTERNAL EXAMINERS FOR HIGHER DEGREE EXAMINATION**

(Fill in triplicate)

The underlisted Academic Staff had taken part in an Ph.D/MD Examination.

Name of Candidate..... Department.....

Matric. No.:..... Date of Examination.....

S/NO	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Chairman/ Supervisor		₦10,000.00				
2		Supervisor /Internal		₦10,000.00				
3		Co-Supervisor		₦10,000.00				
4		Internal/ External		₦10,000.00				
5		Sub-Dean (PG)		₦3,000.00				

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**POSTGRADUATE COLLEGE**

**CLAIMS FORM FOR INTERNAL EXAMINERS FOR HIGHER DEGREE EXAMINATION**

(Fill in triplicate)

The underlisted Academic Staff had taken part in an M.Phil Examination.

Name of Candidate..... Department.....

Matric. No.:..... Date of Examination.....

S/NO	NAME	DESIGNATION	DEPARTMENT	AMOUNT DUE (NAIRA)	TEL. NO.	ACCOUNT NO	BANK NAME	SIGNATURE
1		Chairman/ Supervisor		₦7,500.00				
2		Supervisor / Internal		₦7,500.00				
3		Co-Supervisor		₦7,500.00				
4		Internal/ External		₦7,500.00				
5		Sub-Dean (PG)		₦3,000.00				

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**Head of Department**