



UNIVERSITY OF CAPE COAST
SCHOOL OF GRADUATE STUDIES
EXTERNAL EXAMINER'S CLAIM FORM
(TO BE SUBMITTED WITH THE EXAMINER'S REPORT)

1. Name of Claimant:.....

2. Address:.....
.....

3. Name of Candidate:.....

4. Degree Registered for by Candidate:.....

Table with 3 columns: Thesis Examined, Standard Rate, Early Bird Rate. Rows for M.Phil./M.Com/MN and Ph.D.

6. Postage Claims GH¢.....

NB: Postage Receipts should be attached where relevant. Claims not properly supported may be disallowed

7. Preferred Payment Option: i) Cheque [] Provide address to which cheque should be sent:

.....
.....
.....

ii) Bank [] Name:.....
Account Number:.....
Branch:.....
Swift Code:.....

8. Tel. No.:..... E-mail.....

Signed:.....
External Examiner

Certified:.....
Head of Department

Date:.....

Date and Stamp:.....

Signature:.....; Date:.....

Dean, School of Graduate Studies