



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

SGS F8 – GSC

1. Name of Claimant:.....
2. Department:.....
3. Name of Candidate:.....
4. Degree Registered for by Candidate:.....
5. Thesis/Dissertation Examined Standard Rate Early Bird Rate

M.A/M.Ed./M.Sc./MBA	[]	[]
M.Phil./M.Com/MN:	[]	[]
Ph.D.:	[]	[]
6. Payment Details Bank:
 Account Name:.....
 Account Number:.....
 Branch:.....
7. Tel. No.:..... E-mail.....

Approved for payment by Head of Department

Name:.....
 Department:
 Signature, Date and Stamp:.....

Approved for payment by Dean of School of Graduate Studies

Name:
 Signature & Date.....

FOR ACCOUNTS OFFICE ONLY

Checked by:.....	Checked by:.....
..... Director of Finance Director of Internal Audit

Amount Paid:
 Cheque No:

Cashier's Signature

RECEIPT

Received in payment of the above-mentioned account the sum of:.....

Signature of Receiver