



UNIVERSITY OF CAPE COAST
SCHOOL OF GRADUATE STUDIES
CLAIM FORM FOR GRADUATE SUPERVISION

SGS F8 – GSC

(TO BE COMPLETED SEPARATELY BUT SUBMITTED TOGETHER BY SUPERVISORS)

1ST [] 2ND [] SEMESTER, 20____

1. **Name of Claimant:**.....**Rank:**.....
2. **Address of Claimant:**.....
3. **Status:** Principal Supervisor [] Co-Supervisor []
4. **Thesis/Dissertation Supervised:** M.Phil/M.Com/MN [] Ph.D []
5. **Name of Candidate Supervised:**.....
6. **Candidate’s Registration Number:**.....
7. **Degree Registered for by Candidate:**.....
8. **Date of Submission of Thesis/Dissertation:**
NB: Claim is made only on submission of soft-cover bound thesis/dissertation to SGS for assessment.
9. **Agreed Proportion Claimed** [Prin. Supervisor: Co-Supervisor]: 60:40 [] **or Specify** ____: ____
10. **Payment Details:**
 Bank:; Account Name:.....
 Account Number:.....; Branch:.....
11. **Tel. No.:**..... **E-mail**.....

.....
 Signature of Applicant

Approved for payment by Head of Department

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

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:.....

.....

.....
 Date.....

Signature of Receiver