



LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO

THE POSTGRADUATE SCHOOL

CLAIM FORM FOR EXTERNAL/INTERNAL EXAMINERS FOR HIGER DEGREE EXAMINATION

(Fill in triplicate)

The Underlisted Academic Staff had taken part in Ph.D/M.Phil/M.Tech/M.Sc/MA Examination

Name of Candidate _____

Department _____

Matric Number _____

Date of Examination _____

S/N	Designation	Amount (₦)	Telephone Number	Bank Account Details (No. & Bank Name)	Signature & Date
1	External Examiner				
2	Chairman				
3	Supervisor				
4	Co-supervisor				
5	Postgraduate Rep.				
6	Faculty Rep.				

Dean Postgraduate School

Head of Department