

UNIVERSITY OF NIGERIA, NSUKKA
(School of Postgraduate Studies)

(Please complete in Triplicate)

NOTE: The Head of Department should ensure that this form is accurately completed.

STRICTLY CONFIDENTIAL

EXAMINATION FOR HIGHER DEGREE

Department of _____

S/No.	Name	Degree	Reg. No.
1			
2			
3			
4			
5			

Certification:

We certify that the examination is currently in progress.

EXAMINERS

NAME

SIGNATURE

(1) (EXTERNAL): _____

Tel. No.:

(2) (HEAD OF DEPT.INTERNAL) _____

(3) (FACULTY REP.): _____

Place: _____ Date: _____

Attachment:

(1) Letter of Appointment of External Examiner

(2) External Examiner's Claims Form

Bursar,

Dean, SPGS

Signature

Date