

# UNIVERSITY OF NIGERIA

SCHOOL OF POSTGRADUATE STUDIES

**APPLICATION FOR PAYMENT OF HONORARIA TO INTERNAL EXAMINERS  
IN HIGHER DEGREE ORAL/THESIS EXAMINATION  
(Internal Examiners' Claim Form)**

DEPARTMENT OF .....

Name	Signature	Role in Examination	Bank/Account No.	Amount (₦)
		H.O.D & DPC		
		Supervisor/Internal Examiner		
		*Supervisor/Internal Examiner		
		Internal Examiner		
		Internal Examiner		
		*Internal Examiner		
		Faculty Dean & PG Rep.		
		Dean, SPGS		
<b>Total = ₦</b>				

Name & Reg. No. of Student:

1. ....
2. ....
3. ....
4. ....
5. ....

Date of Examination: .....

.....  
**Signature of Head of Department**

.....  
**Date**

Bursar,

The above payment is approved, please.

.....  
**Dean, School of Postgraduate Studies**

**Note:**

Honorarium for:  
Ph.D = ₦10,000  
Masters = 5,000  
DPC = Departmental PG Coordinator  
\*Non-compulsory rows