

UNIVERSITY OF NIGERIA, NSUKKA

College 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/N	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:

Attachments:

1. Letter of Appointment of External Examiner
2. External Examiner's Claim Form

Bursar,

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Provost, CPGS

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Signature

.....

Date