

DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS

BU/DGSRI.F7

INTERNAL EXAMINER'S CLAIM FORM FOR DISSERTATION AND THESIS

I Dr/Prof.....certify that: In connection with my appointment as an Internal Examiner in the Faculty ofI have examined the following candidate(s)*

(Please fill in the number of candidates examined and list their names and registration numbers in the table below) Candidates Examined*

<i>S.N</i>	<i>Name</i>	<i>Registration Number</i>	<i>Degree Programme</i>

I have signed the appropriate mark sheets and I attach my report on the examinations; ** and

+ I wish/ do not wish to claim my honorarium and reimbursement of expenses incurred in connection with my duties as Internal Examiner.

(Details)

(Amount)

Honorarium for candidate(s)

++ Refund of other expenses incurred:

.....
.....

Total UGX.....

My honorarium should be paid to me at the following address:

.....
.....

Account Name:.....

Account Number :

Bank Name :

Examiners Mobile No:.....

Other A/C details:

Signature:

Date:

Head of Department's Signature and Official Stamp:

Date: