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**EXTERNAL EXAMINERS CLAIM FORM FOR DISSERTATION AND THESIS**

*I Dr/Prof.....certify that in connection with my  
 appointment as an internal examiner in the Faculty of .....*

*I 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.***

<i>S/N</i>	<i>Name</i>	<i>Registration Number</i>	<i>Degree Programme</i>	<i>Faculty</i>
<i>1</i>				
<i>2</i>				

*I have signed students' assessment forms and I attach my examination report(s) as it is required and I wish to claim my honorarium in connection with my duties as an internal examiner.*

*Honorarium for .....(Name of the Candidate).....*

*Amount claimed.....*

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

Account Name..... Account Number.....

Bank.....Name.....

Swift code.....

Other A/C details.....

Examiners.....Mobile Number.....

Email.....

Examiners' Signature.....Date.....

Head of Departments' signature.....Date.....

Dean of Faculty signature.....Date.....