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INTERNAL 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.....