



**CSIR COLLEGE OF SCIENCE AND TECHNOLOGY**  
 (Accredited by Ghana Tertiary Education Commission and Affiliated to University of Cape Coast)  
**INTERNAL EXAMINER'S CLAIM FORM**

NAME OF CLAIMANT:.....

ADDRESS:.....

.....

NAME OF CANDIDATE:.....

DEGREE REGISTERED FOR BY CANDIDATE:.....

THESIS/DISSERTATION EXAMINED: RATE

MPHIL/MSC                      GH¢ 700.00 [   ]

Other Claims (Postage/Delivery claims) *please attached relevant receipts*:.....

Total Fee Claims:.....

Account Number to which claim should be paid:.....

Bank.....

Branch:.....

Telephone Number:.....

Ghana Card Number/TIN Number (Preferably Ghana Card):.....

**For Official Use**

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Thesis Reference Number:.....Date of Dispatch:.....

Submission date (4 weeks):.....

Date of Receipt of Report and Thesis:.....

Document Returned:      Thesis Examined [   ]      Report [   ]      Claim Form [   ]

Total Fee Recommended.....Total Fee Approved.....

Date of Approval by College President.....Signature by College President: .....