CCST/SC FORM

CSIR COLLEGE OF SCIENCE AND TECHNOLOGY

(Accredited by Ghana Tertiary Education Commission (GTEC) and Affiliated to University of Cape Coast)

CLAIM FORM FOR THESIS/DISSERTATION SUPERVISION

(***TO BE COMPLETED AND SUBMITTED BY SUPERVISORS***)

1ST [ ] 2ND [ ] SEMESTER, 20……

SUPERVISOR(S) DETAILS

1. Name of Claimant:…….Role played……...
2. Address of Claimant:…….....
3. Bank Details: Bank:……....; Branch:…….....

   Account Number:……; Account Name:…….

   Ghana Card Number:……....; Tel. No.:……...
4. E-mail……..... ……..

   Signature of Applicant
5. Name of Claimant:…….Role played……...
6. Address of Claimant:…….....
7. Bank Details: Bank:……....; Branch:…….....

   Account Number:……; Account Name:…….

   Ghana Card Number:……....; Tel. No.:……...
8. E-mail……..... ……..

   Signature of Applicant
9. Agreed Proportion Claimed [Prin. Supervisor: Co-Supervisor]: 60:40 [ ] or Specify_____:_____

***NB**: Claim is made only upon submission of **Hardbound thesis/dissertation** to College Registry for Submission to mentor institution*

STUDENT'S DETAILS

1. Thesis/Dissertation Supervised: MSc. [ ] M.Phil [ ] Ph.D [ ]
2. Name of Candidate Supervised:…….....
3. Candidate's Registration Number:…….....
4. Degree Registered for by Candidate:…….....
5. Date of Submission of Hardbound Thesis/Dissertation:……

Certified by Head of Department:

Name:……..…; Signature:……..;Date:…….…….

Approved for payment by College President:

Name:…….....; Signature:……..……...;Date:……