



CLAIM FORM – EXTERNAL EXAMINERS

NAME: _____ DATE: _____

TRN: _____ NIS: _____

PROGRAMME LEVEL: Undergraduate Graduate Other

FACULTY/SCHOOL: _____

PROGRAMME: _____ COHORT/YEAR: _____

COURSE TITLES	TYPES OF ASSESSMENT PRODUCTS EXAMINED	NUMBER OF PRODUCTS EXAMINED

No. of External Examiner's Reports submitted: _____

SIGNATURES:

_____	_____
Claimant	Date
_____	_____
Department Head	Date
_____	_____
Dean / Director – Faculty / School	Date
_____	_____
Director - Finance	Date