

**UNIVERSITY OF DAR ES SALAAM
EXTERNAL EXAMINER'S CLAIM FORM FOR DISSERTATIONS AND THESES**

I certify in connection with my appointment as an External Examiner in the College/School/Institute of
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.....

* That I have examined candidate(s)

** That I have signed the appropriate mark sheets and I attach my report on the examinations.

+ I wish/ do not wish to claim my honorarium and reimbursement of expenses incurred in connection with my duties as External Examiner.

(details)

(amount)

Honorarium for candidate(s)

.....

++ Refund of other expenses incurred:

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Total T.shs/USD

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

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Account no. Account Name/Title:

Other A/C details:

Name:

Signature: Date:

Head of Department's Signature: Date:

.....

* Please fill in the number of candidates examined and attach a list and registration number of examined candidates.

** If you wish any part of your report to be considered confidential so far as the Department is concerned, please indicate this clearly.

+ Please delete what is not applicable.

++ Please give details and amount of out of pocket expenses incurred, e.g. Postage of dissertations/theses, etc.

