



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

I Dr /Prof.....certify that:
In connection with my appointment as an External Examiner in the College/School/Institute 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)

Candidates Examined*

Table with 4 columns: S.N, Name, Registration Number, Degree Programme

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

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

(Details) (Amount)

Honorarium for candidate(s)

++ Refund of other expenses incurred:
.....
.....
.....
.....
.....

Total T.shs/USD

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

.....
.....

Account Name:

Account Number :

Bank Name :

Examiner's Mobile No:.....

Other A/C details:

.....

..

Signature: Date:

.....

Head of Department's Signature and Official Stamp: Date:

.....

** 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.(NB: relevant receipts should be attached).