



**UNIVERSITY OF THE WEST INDIES
CAVEHILL CAMPUS, P. O. BOX 64, BRIDGETOWN**

**EXTERNAL EXAMINER'S CLAIM SHEET
for
THESES/DISSERTATIONS/RESEARCH PAPERS**

NAME OF EXTERNAL EXAMINER

ADDRESS:

TITLE OF THESIS:

SUBMITTED BY:

In partial fulfillment of the
Requirements for the Degree of

EXAMINER'S FEE:

Cost of Postage:

Cables/Fax:

Telephone Calls:

Other charges
(Please specify):

Signed: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Rec'd by the School for Graduate Studies and Research _____

“Bursar:

The above claim certified correct and passed for payment.

Signed _____

Date Passed to the Bursary _____

Date Payment processed by Bursary _____