



UNIVERSITY OF CAPE COAST
SCHOOL OF GRADUATE STUDIES
VIVA VOCE CLAIM FORM

SGS F8 – GSC

- 1. Name of Claimant:
2. Address to which claim should be sent
3. Name of Candidate:
4. Degree Registered for by Candidate:
5. Thesis Examined - M.Phil./M.Com/MN: []
- Ph.D []
6. Status of Claimant:
Chairman - []
Member - []
7. Tel. No.:
8. E-mail Address:

Signature of Claimant Date

Approved for payment by Head of Department

Name:
Department:
Signature, Date and Stamp:

Approved for payment by Dean of School of Graduate Studies

Name:
Signature & Date:

FOR ACCOUNTS OFFICE ONLY

Checked by: Director of Finance
Checked by: Director of Internal Audit

Amount Paid:
Cheque No:
Cashier's Signature

RECEIPT

Received in payment of the above-mentioned account the sum of:
Signature of Receiver