UNIVERSITY OF GHANA SCHOOL OF GRADUATE STUDIES

CLAIM FORM FOR SUPERVISORS OF THESES/DISSERTATIONS

Name	of Candidate Supervised:
Date o	f Submission of Long Essay/Project/Dissertation/Thesis:
Year o	of Registration
	f Long Essay/Project/Dissertation/Thesis:
Date C	Of Approval of Supervisors by School Management Committee
	ssertation
(c)The	sis (Ph.D/MD/D.PHIL)cedi equiv.US\$ 160.00
Name	and Bank Details of Principal Supervisor
Name.	
Bank:	
Accou	nt Number:
Branch	1
Signat	ure of Principal Supervisor/ Date
Name	s and Bank Details of Co-Supervisors and their Departments:
a.	Name
	Bank
	Account Number:
	Branch
Signat	ure of Co-Supervisor(s)/ Date
b.	Name
	Bank
	Account Number:
	Branch.
Signat	ure of Co-Supervisor(s)/ Date
c.	Name
	Bank
	Account Number:
	Branch.
Signat	ure of Co-Supervisor(s)/ Date

Signature of Director/Head & Date
Signature of Dean of Graduate Studies & Date
Total Fees Approved
OFFICIAL USE ONLY:
Degree Sought:
Date due for Submission:
Date Candidate Submitted:
Date Department Submitted:

Claimants should note that the amounts indicated are shared by the whole supervisory team

THESIS /DISSERTATION SUPERVISION ALLOWANCES SHARING RATIOS

	PHD	PHD	MPhil	MA/MSC
	3 Supervisors	2 Supervisors	2 Supervisors	1 Supervisor
Lead supervisor	40%	60%	60%	100%
Co-Supervisor	30%	40%	40%	
Co-Supervisor	30%			