QUEEN'S UNIVERSITY BELFAST

PAYMENT OF FEES AND EXPENSES TO EXTERNAL EXAMINERS UNDERGRADUATE EXAMINING

Name of Examiner (CAPITALS)								Title			
Addres	ss (to w	hich cl	heque	shoul	d be sent)						
Nation	al Insur	ance N	Numbe	er							
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Paid by Bursar's Office							Date .				

General Subje	ct of Examination	Mair	Main/Supplementary			
Faculty						
THAT THIS S AVAILABLE T	ESPONSIBILITY OF THE BIDE OF THE FORM IS TO THE EXTERNAL EX OR SUPPLEMENTARY EX	COMPLETED ACCURA AMINER FOR SIGNAT	TELY AND THAT THE	FORM IS MADE		
Module No	Course Title	Date of Examination	No of Students taking this paper	+Forms of examination		
+ For example	, written (W), practical (P),	, oral (0), dissertation (D),	, continuous assessmen	t (CA).		
Signature of ex	xternal examiner		Date			
*Signature of 0	Chairperson of Board of Ex	xaminers	Date			

SINCE PAYMENT OF FEES IS MADE ONLY ON RECEIPT OF THIS CLAIM (AND THE EXAMINER'S REPORT TO THE SECRETARY TO ACADEMIC COUNCIL), IT IS ESSENTIAL THAT THIS FORM BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO:-

The Academic Council Office Level 6 - Administration Building The Queen's University of Belfast University Road Belfast BT7 1NN