

REGENT UNIVERSITY COLLEGE OF SCIENCE AND TECHNOLOGY



SUPERVISOR CLAIM FORM

(Separate forms must be completed for each exam period and each examination)

NAME:	RANK /POSITION
ADDRESS:	EMAIL: PHONE NO:

SUPERVISION OF DISSERTATION/PROJECT		
Name of Student	Title of Dissertation	No of Hrs (Max 10hrs)

Total Number of Hours of Supervision.....

For office Use only

Name of Dept:	Name of Head of Dept
Signature:	Date:

Completed claim forms should be signed by the Head of the Department and returned to the Examinations Office, Regent University of Science & Technology No. 10 Japs house, Mataheko, Accra

