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| Extern Examiner Fee Claim Form(For Services Provided From Outside Ireland) |

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| --- | --- |
| Full Name |  |
| Address |  |
| Email |  | Telephone |  |
| UCD School |  | UCD Admin Contact |  |
| Subject Extern Examiner: Date of Visit |  |
| Special Extern Examiner: Date of Viva Voce  |  |

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| **Bank Details for Bank Transfer** |
| **Bank Name** |  |
| **Bank Address** |  |
| **Account Name** |  |
| **Swift/BIC** |  |
| **IBAN** |  |

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| --- | --- | --- | --- |
| **FEE***(to be claimed once your report has been received)* | **Number Completed**  | **Rate**  |  **Amount (€)** |
| **Subject Extern Visiting Fee** *Number of full days visiting UCD* |  |  **€442 per day** |  |
| **Special Extern - PhD, MD or Professional Doctorate Degree** |  | **€442 per thesis** |  |
| **Special Extern - Research Masters or MCh Degree** |  | **€180 per thesis** |  |
| **Minor Thesis**  |  | **€92 per thesis** |  |
| **Total Fee Payable (€)** |  |

I confirm that the Extern Examiner service has been provided from outside Ireland

**[ ]** (tick box if applicable.)

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| --- | --- | --- | --- | --- | --- |
| **Extern Examiner***(PRINT)* |  | **Extern** **Examiner***(Signature)* |  | **Date** |   |
| **Head of School***(PRINT)* |  | **Head of School***(Signature)* |  | **Date** |  |

**For School Use Only**

*(Please confirm the total current payment requested)*

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| **Charge Code** | **Cost Centre** | **Expense Code** | **Amount (€)** | **Amount (fx)** |
| **Subject Extern Fee** |

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| 8 | 2 | 3 | 2 | 5 |

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| **Special Extern- PhD, MD or Professional Doc** |

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| --- | --- | --- | --- | --- |
| 8 | 2 | 3 | 2 | 6 |

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| **Special Extern- Research Masters or MCh** |

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| 8 | 2 | 3 | 2 | 7 |

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| **Minor Thesis** |

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| --- | --- | --- | --- | --- |
| 8 | 2 | 3 | 2 | 8 |

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| **TOTAL Claimed (Specify currency to be paid)** |  |  |