



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON DC

COLUMBIAN COLLEGE OF ARTS AND SCIENCES

REQUEST FOR HONORARIUM REIMBURSEMENT (PH.D. DISSERTATION DEFENSE)

Department: _____

Ph.D. Candidate's Name: _____

Date of Examination: _____

Honorarium paid to:

Name: _____

University Affiliation: _____

Home address: _____

Amount:

_____	Examiner	\$100.00 (\$50 Department/\$50 CCAS)
_____	Outside Reader	\$200.00 (\$100 Department/\$100 CCAS)
_____	Outside Co-Director	\$300.00 (\$200 Department/\$100 CCAS)

Departmental Signature: _____

Date: _____

The department should pay the honorarium from their department budget and submit this form to Associate Dean of Graduate Studies in Phillips 107 to arrange for reimbursement