

KAIMOSI FRIENDS UNIVERSITY (KAFU)

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

FEE REFUND REQUEST FORM

To be filled in duplicate, original to be submitted to the Finance office and a copy to be retained by the Registrar (Academic Affairs) office.

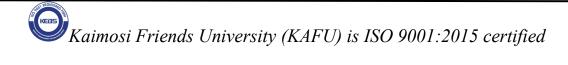
SECTI	ON I:									
PART	A (NOTE:	Tick (√) w	here applic	able)						
Name ((in full):		Surname)		(First Name)			le Name)		
Registr	ation No:	,	,	Email:		Mobile	,	,		
School	:			Depa	rtment:					
Prograi	mme:									
Mode o	of Study:				Year of Stud	y:				
Acader	nic Year for	of Study:								
Y1	Y2	Y3	Y4			SEM I	SEM II	TRISEM I	TRISEM II	
Part B	: Reason (s)	for seekin	g for fee re	fund ($$) where	e applicable)					
S/N	REASON							TICK (√)		
1	Lack of Quorum									
2	Programme not offered									
3	Compassio	Compassionate Reasons								
4	Any other	reason (Pl	lease state b	oriefly)				I		

VERSION A REVISION: 01

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Note: *	Attach copy of Fee Statement and duly signed clearance form.
	er issue of importance or request
 Part B	
I all D	
Provide	details of the person/institution that paid the fees
Name: .	
Account	Number:
Bank:	
Branch:	
	ship(Parent/Guardian/HELB/CDF etc.).
	s Signature: Date:
SECTIO	ON II: OFFICIAL USE
PART (C:
Recomn	nended by:
Registra	r (Academic Affairs) Signature: Date:Stamp
Confirn	ned and Approved by:
Finance	Officer: Signature: Date:Stamp

Essential Instructions

- 1. Attach a copy of your National ID and College ID.
- 2. You are responsible for any error of omission or commission while filling this form.



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