



# KAIMOSI FRIENDS UNIVERSITY (KAFU)

## Office of the Registrar, Academic Affairs

0773040235/0743-522152  
E-mail: registrar\_aa@kafu.ac.ke  
Website: www.kafu.ac.ke

P.O Box 385  
Kaimosi - 50309  
Kenya

**To be filled in duplicate**

### SECTION A: HIRING

Full Names: .....

School.....Department.....

Registration Number.....Tel No.....Email.....

Contact Address.....Signature.....

I have collected the following items of the Academic Dress after payment of Kshs. 1,000 (one thousand shillings only) for **Undergraduate** and **Post-Graduate** gowns, Kshs. 500 (Five hundred shillings only) for Diploma and Certificate level.

Hood [ ] Cap [ ] Gown [ ] (Tick where applicable)

Cleared by Student Finance Officer.....Sign &Stamp.....

Date.....

I understand that:

1. The gown should be returned by Monday 18<sup>th</sup> December 2023 at 12:00 Noon failure to which a penalty of Kshs. 500 (Five hundred shillings only) per day shall be charged.
2. That the items accompanying the academic dress must be returned in the same condition they were issued.

As a security, I also deposit my National ID/Student ID [ ] Passport [ ] Driving License [ ] (Tick where appropriate)

Date collected. ....Issuing Officer's Name: .....

Signature: ..... Rubber Stamp: .....

### SECTION B: RECEIVING

1. I have returned the following items in good condition:

Hood [ ] Cap [ ] Gown [ ] (Tick where applicable)

2. I have paid the following amount for failing to return the following item(s) on time (Attach receipt of payment)

Hood [ ] Cap [ ] Gown [ ] (Tick where applicable)

Number of days after deadline.....Amount: Kshs. ....

Receiving Officer's Name:.....Signature:.....Date & Stamp .....

I certify that the items borrowed by the graduate have been returned in the same condition they were issued

School Administrator .....Signature:.....Date & Stamp .....

**Finance Office**

Cleared [ ] Not Cleared [ ] (Tick as appropriate)

Name of Officer: ..... Signature: ..... Date &Stamp .....

**Registrar (Academic Affairs)**

Cleared [ ] Not Cleared [ ] (Tick as appropriate)

Name of Officer: ..... Signature: ..... Date &Stamp .....