**KAFU/F/501/021**



# KAIMOSI FRIENDS UNIVERSITY (KAFU)

**Office of the Registrar, Academic Affairs**

0743-522152 P.O Box 385

E-mail: registrar\_aa@kafu.ac.ke Kaimosi - 50309

Website: www.kafu.ac.ke  Kenya

## **To be filled in duplicate**

**SECTION A: ISSUING**

Full Names: …………………………………………………………………………………………..

School…………………………………………………..Department…………………………………

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

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

I have collected the following items of the Academic Dress:-

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

I understand that:

1. The gown should be returned by Friday, 13th December 2024 at 4.00pm, failure to which a penalty of Kshs. 500 (Five hundred shillings only) per day shall be charged from 15th December, 2024.
2. That the items accompanying the academic dress must be returned in the same condition they were issued.

**Date collected**. ………………………………..**Issuing Officer’s Name:** ………………… ……….

**Signature**: ……………………………… **Rubber Stamp:** ……………………………………

**SECTION B: RETURNING**

**SCHOOL OF …………………………**

I have returned the following items in good condition:

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

**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

### Finance Office

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

**Name of Officer: ………………………… Signature: ………………… Date &Stamp …………………**

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

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

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

### Registrar (Academic Affairs)

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

**Name of Officer: ………………………… Signature: ………………… Date &Stamp …………………**

Kaimosi Friends University (KAFU) is ISO 9001:2015 certified