



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.

SECTION I:

PART A (NOTE: Tick (√) where applicable)

Name (in full):.....

(Last/Surname)

(First Name)

(Middle Name)

Registration No:..... Email: Mobile No:

School:..... Department:

Programme:

Mode of Study: Year of Study:.....

Academic Year for of Study:

Y1	Y2	Y3	Y4

SEM I	SEM II	TRISEM I	TRISEM II

Part B: Reason (s) for seeking for fee refund (√) where applicable)

S/N	REASON	TICK (√)
1	Lack of Quorum	
2	Programme not offered	
3	Compassionate Reasons	
4	Any other reason (Please state briefly)	

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Note: * Attach copy of Fee Statement and duly signed clearance form.

Any other issue of importance or request

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Student's Signature:..... Date:

SECTION II: OFFICIAL USE

Part A

Provide details of the person/institution that paid the fees

Name:

Account Number:.....

Bank:.....

Branch:.....

Relationship(Parent/Guardian/HELB/CDF etc.).....

PART C:

Recommended by:

Registrar (Academic Affairs) Signature: Date:Stamp.....

Confirmed 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.**