

## 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.

office.								
ON I:								
A (NOTE: 7	Γick (√) wł	nere applica	ble)					
in full):								
` ,		Email:						
			Depar	tment:				
nme:								
of Study:				Year of Stud	y:			
nic Year for	of Study:							
Y2	Y3	Y4			SEM I	SEM II	TRISEM I	TRISEM II
: Reason (s)	for seeking	g for fee refu	und $()$ where	applicable)				
REASON					TICK	TICK (√)		
Lack of Quorum								
Programme not offered								
Compassionate Reasons								
Any other	reason (Ple	ease state br	riefly)				•	
	on I:  A (NOTE: 7  in full):  ation No:  mme:  of Study:  in Y2  Reason (s)  REASON  Lack of Query Programm  Compassion	A (NOTE: Tick (√) whin full):	A (NOTE: Tick (√) where application full):  (Last/Surname) ation No:  mme:  Y2 Y3 Y4  Reason (s) for seeking for fee reference referenc	A (NOTE: Tick (√) where applicable)  in full):  (Last/Surname)  ation No:  Depar  mme:  Of Study:  I Y2 Y3 Y4  REASON  Lack of Quorum  Programme not offered	A (NOTE: Tick (√) where applicable)  in full):  (Last/Surname) (First Name)  ation No:  Department:  Department:  Mark Year of Study:  Year of Study:  Y2 Y3 Y4  REASON  Lack of Quorum  Programme not offered  Compassionate Reasons	ON I:  A (NOTE: Tick (√) where applicable)  in full):  (Last/Surname) (First Name)  ation No:  Department:  Department:  Mobile  Per ref of Study:  Year of Study:  Reason (s) for seeking for fee refund (√) where applicable)  REASON  Lack of Quorum  Programme not offered  Compassionate Reasons	ON I:  A (NOTE: Tick (√) where applicable)  in full):  (Last/Surname) (First Name) (Midd ation No: Email: Mobile No: Department: Mobile No: Mo	ON I:  A (NOTE: Tick (√) where applicable) in full):  (Last/Surname) (First Name) (Middle Name) ation No: Email: Mobile No:  Department:  Meason (s) for seeking for fee refund (√) where applicable)  REASON TICK  Lack of Quorum  Programme not offered  Compassionate Reasons

Note: *	Attach copy of Fee Statement and duly signed clearance form.
Any otl	her issue of importance or request
Student	t's Signature: Date:
SECTI	ION II: OFFICIAL USE
Part A	
Provid	e details of the person/institution that paid the fees
Name:	
Accour	nt Number:
Bank:	
Branch	<u>:</u>
Relatio	nship(Parent/Guardian/HELB/CDF etc.).
PART	C:
Recom	mended by:
Registr	rar (Academic Affairs) Signature: Date: Stamp
Confir	med and Approved by:
Finance	e Officer: Signature:

## **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.