KIBABII UNIVERSITY

OFFICE OF THE REGISTRAR, ACADEMIC AFFIARS

SUMMARY FORM FOR KNUT PARTIAL TUITION WAIVER APPLICATIONS

Requirements: Student must be admitted after 3rd November 2017, Must be members of KNUT Members or their Legal Dependants who are Kibabii University students. Attach: Duly filled application form, current payslip, copy of ID no., TSC no. KUPPET no.)

S/No.	Name, Reg. no.	Year of study	Current Status (Active/Not Active)	KNUT Membership No./ Dependant	Director Strategic Business Comment	Chairperson of Department's Comment	Dean/Director's Comment	Registrar, Academic Affairs Comment	Deputy Vice Chancellor (Academic & Student Affairs) Comment	Finance Officer Comment
1										
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Note: Applications shall only be processed when the student is active and registered in the ERP for the semester they are submitting the request.

Director (Strategic Business) Name ……Sign: …… Date: ……

Chairperson of Department: Name ……Sign: ……Date…….

Dean/Director Name ……Sign: ……Date: …….

Registrar (Academic Affairs) Name ……Sign: ……Date: ……

Deputy Vice Chancellor (Academic & Student Affairs) Name…… Sign: …… Date: …….

KIBABII UNIVERSITY

OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

SUMMARY FORM FOR KUPPET PARTIAL TUITION WAIVER APPLICATIONS

Requirements: Student must be admitted after 3rd November 2017, must be a member of KUPPET or their Legal Dependant who is are Kibabii University student. Attach: Duly filled application form, current payslip, copy of ID no., TSC no. KUPPET no.)

S/No.	Name, Reg. no.	Year of study	Current Status (Active/Not Active)	KUPPET Membership No./ Dependant	Director, Strategic Business Comment	Chairperson of Department's Comment	Dean/Director 's Comment	Registrar, Academic Affairs Comment	Deputy Vice Chancellor (Academic & Student Affairs) Comment	Finance Officer Comment
1										
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3										
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Note: Applications shall only be processed when the student is active and registered in the ERP for the semester they are submitting the request.

Director (Strategic Business) Name ……Sign: …… Date: ……

Chairperson of Department: Name …….…….…….. Sign: ……Date…….

Dean/Director Name ……..…..…..……Sign: ……Date: …….

Registrar (Academic Affairs) Name ……Sign: ……Date: ……

Deputy Vice Chancellor (Academic & Student Affairs) Name…… Sign: …… Date: …….