



KIBABII UNIVERSITY
STUDENT REFUND REQUEST FORM
(To be completed in capital letters in triplicate)

INSTRUCTIONS TO THE APPLICANT:

1. Refund is processed on withdrawal from a course.
2. This application shall be supported by official clearance form and evidence of payment.
3. A certified student fee statement is to be attached.
4. Refund is payable to the person or institution who paid fees.
5. The completed form should be returned to the Registrar (Academic Affairs), Kibabii University.

PART A: APPLICANT'S DETAILS

Order of Name of Applicant:
First Middle Last

Programme Registered (e.g. BBM, BEd. Sc.)

Admission Number

Address: **Tel:** **EMail:**

School: **Department:**

Semester: January- April May- August September- December Academic Year

Date Reported to the University:

Date Cleared from the University:

Amount to be Refunded:

Receipt No. for payment of the Amount to the University

Source of the Amount:

Account No. **Bank**..... **Branch**.....

Student Name: **Signature** **Date**

FOR OFFICIAL USE ONLY



IN CHARGE ADMISSIONS (CONFORMATION)

Particulars	Remarks
Date Reported to the University	
Date Cleared from the University	
Amount Refundable as per Policy	
Person or Institution Payable	

Name:Signature Date

Chair of Department Remarks:

Name:Signature Date

Dean of School/Faculty Remarks:

Name:Signature Date

Registrar (Academic Affairs) Remarks:

Signature Date

Deputy Vice Chancellor (ASA) Remarks.....

Signature Date

