

REFUND APPLICATION FORM

1. STUDENT DETAILS

Last Name: _____ First Name: _____ Middle Name: _____

Date: _____ Semester: _____ Student ID No: _____

Office Tel. _____ Cell No: _____ Email: _____

Bank Name: _____ Bank Branch _____

Bank A/C Name: _____ Bank A/C No: _____

Excess arising from (Tick as appropriate):

- Overpaid Tuition
 Caution Money
 Graduation Gown
 Others Specify _____

Amount Applied for KES _____ US\$ _____

Note: No tuition refund will be processed without correct bank details and final clearance.

2. SPONSOR/GUARDIAN/PARENTS DETAILS

Last Name: _____ First Name: _____ Middle Name: _____

Office Tel: _____ Cell No. _____ Email: _____

Country: _____ Home Town: _____ City/State: _____

I/We authorize the credit balance in the account of my/our dependent(s) to be remitted to him/her as tuition refund.

Signature _____ Date _____

3. ACCOUNTS OFFICE (For Official Use Only)

Account Balance _____ DR.

_____ CR.

Please pay: KES. _____ A/C CODE _____

US\$ _____

Comments _____

Checked by _____ Date _____

Authorized by _____ Date _____