



TUITION REFUND APPLICATION FORM

1. STUDENT DETAILS

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

Date: _____ Semester: _____ Student ID: _____

Office Tel. _____ Cell No: _____ Email: _____

Bank Name: _____ Branch Name: _____

Account Name: _____ Account Number: _____

Excess arising from (Tick as appropriate)

Cauton Money

Overpaid Tuition

Graduation Gown

Others Specify

Amount Applied for Kshs. _____ US Dollars _____

Note: (No tuition Refund will be processed without correct Bank Details and Final Clearance)

2. SPONSOR/GURDIAN/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 dependant(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: Kshs. _____ A/C CODE _____

UD\$ _____

Checked by _____ Date _____

Authorized by _____ Date _____