



Ref No:

Finance Department

Request for Fee Refund

Name:	Student ID:
Course:	Year/Sem Enrolled:
Contact Number:	Campus:
Contact Address:	National ID:

Amount Request for refund

Reason for Refund Request

Requirements for processing this request

- This form is produced in reference to the Fee Refund Policy of the College
- Processing of the request will take 10 working days

Name: _____ National Id: _____

Signature: _____ Date _____

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<i>Submission Receipt Slip (this slip has to be retained by the student) This receipt has to be filled by an office staff.</i>			
Student Name:		Student ID:	
Course:		Form number:	
Name (staff):		Signature (staff):	
Date:			



<i>For office use only</i>			
Received Date:		Received by:	
Handed to:		Processed by:	
Outcome:	Refunded <input type="checkbox"/>	Not Refunded <input type="checkbox"/>	
Remarks:			