



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

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#### Account Number and Payee Name

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#### Reason for Refund Request

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#### 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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*Submission Receipt Slip (this slip has to be retained by the student) This receipt has to be filled by an office staff.*

Student Name:		Student ID:	
Course:		Form number:	
Name (staff):		Signature (staff):	
Date:			