MWALA TECHNICAL AND VOCATIONAL COLLEGE

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FEE REFUND FORM			
NOTE: That refunds are done once a month (at the end of the month)			
	DATE:		
	DEPARTMENT:		
	NAME:		
	ADMISSION NO		
	COURSE:		
	TERM:		
	REASON FOR REFUND:		
	STUDENT'S SIGNATURE: APPROVED/NOT APPROVED:		
	HOD .		DATE
	DEAN OF STUDENT	rs	DATE
	FINANCE OFFICER		DATE:
	CHIEF PRINCIPAL:		DATE: