



UNIVERSITY OF NAIROBI

POST GRADUATE STUDENTS  
RESEARCH ALLOWANCE REQUEST FORM

SECTION A: Applicant's Details

Name of the student: .....

Registration Number: .....

Department/School: .....

Address: ..... Mobile: .....

Fill where applicable

S/N	Refund requested	Amount (Kshs)	Approved Amount (Official use only)	Comments (Official use only)
	Research Allowance			
	<b>TOTAL</b>			

SECTION B: Evaluation /Recommendation (Student to present it there after attaching relevant documents – see overleaf)

1. Associate Dean/Executive Dean –Approved/Not approved (For official use only)

Signed: ..... Date and Stamp: .....

2. Chairman/Director of Department – Approved/Not Approved (For official use only)

Signed: ..... Date and Stamp: .....

3. Project Supervisor(s)-Approved/Not Approved (For official use only)

Signed: ..... Date and Stamp:.....

4. Deputy/Students Finance Officer – Approved/Not approved (For official use only)

Signed: ..... Amount (Kshs) .....

Date and Stamp: .....

Please attach copies of: 1.Relevant receipts 2.Scholarship letters 3. Approved Budget