



WOTE TECHNICAL TRAINING INSTITUTE

P O Box 377-90300 Makueni

Cell: 0728 658649 / 0787294782

Email: info@wotetti.ac.ke

Web: www.wotetti.ac.ke

STUDENT REPORTING FORM

Date: _____

1. Student Details

Student name: _____ Adm No: _____

Course: _____ Year admitted _____ Class _____

Department: _____ SPONSOR: KUCCPS/YEAR PLACED NYS SELF
(E.g. 2019/2020 or 2020/2021)

Status Boarder Day Scholar student phone no.

2. Finance Office

Fees payable this term: _____ Mpesa reference No.

Amount paid. _____ Balance: _____

Exam fees payable _____ Balance: _____

Official Stamp

3. Deputy/Principal PAF approval (in case of fees payment agreement)

Approved _____ Not approved _____

Remarks: _____

Official Stamp

4. HOD'S approval

Remarks: _____

Official Stamp

NB: One copy to be retained by the HOD the other to be returned to the Registrar's Office

