



**MASENO UNIVERSITY
DIRECTORATE OF STUDENT AFFAIRS**

STUDENTS WORKSTUDY SCHEME REFERRAL FORM 2026

STUDENT'S NAME: ----- ADM NO: -----

PHONE NUMBER:..... ID NO:.....

DEPT OF DEPLOYMENT -----

WORKSTUDY SCHEDULE

DAY	DATE	TOTAL HOURS WORKED	NAME OF SUPERVISOR	COMMENT	SIGN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

TOTAL HOURS WORKED ----- SIGN AND RUBBER STAMP-----

NOTE:

- ALL STUDENTS MUST WORK FOR A MAXIMUM OF FOUR (4) HOURS PER DAY
- ENSURE THE FORM IS RETURNED TO THE DIRECTORATE OFFICE AFTER COMPLETION OF THE WORKSTUDY
- GIVE THE CORRECT PHONE NUMBER AND ID NUMBER

FOR OFFICIAL USE ONLY

DIRECTORATE OF STUDENT AFFAIRS OFFICE:

AMOUNT APPROVED FOR PAYMENT -----

SIGN OF THE OFFICER -----

DATE: -----

