

GARISSA UNIVERSITY REGISTRAR ACADEMICS& STUDENTS' AFFAIRS

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Dear Sir/Madam,	
(Surname / last Name)	Other Names .ID/Passport/Birth Certificate No
With reference to your letter offering me a p	lace in the School of
for a course leading to the Degree/Diploma/C	ertificate of
This is to confirm that I DO	(ACCEPT/NOT ACCEPT) the offer and
I PROMISE TO ABIDE by the rules and	I regulations governing the conduct and discipline of the
students of Garissa University and I hereby u	indertake to complete the course for which I have accepted
in Garissa University unless I am requested to	discontinue by the University authorities.
I understand any change of School or Departm	nent will be effected only by authority of The Senate.
I shall accept the regulations made from t	ime to time for the good, order and governance of the
University.	
Yours Faithfully,	
Signature of Candidata	Date
Miobile Noemail.	GaU F-ASA-2-2017/2018