



TAITA TAVETA UNIVERSITY
Office of the Registrar (Academic, Research and Outreach)

P.O. BOX 635-80300 – Voi; Tel: 020 – 2437267/0774222064;

Email: registrar-aro@ttu.ac.ke; Website: www.ttu.ac.ke

COURSE ACCEPTANCE DECLARATION

I hereby undertake to complete the course for which I have been accepted at the Taita Taveta University unless I am requested to discontinue by the University Authorities.

I understand that change of School or department will be permitted only by approval of the SENATE.

I accept the regulations made from time to time for the good order and governance of the University lawfully made by the University Council, Vice Chancellor and other duly appointed officers of the University.

Students' Name:

Registration No:

County:

Signature:

Date:

Name (Parent / Guardian):.....

Signature:

Relationship:

Date: