



MACHAKOS UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

DECLARATION

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

I understand that change of School or Department will be permitted only by authority of Senate.

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

Name of Candidate: _____

Admission No. _____

Signature: _____

Date: _____