

CHUKA



CU/ADM/FORM /2A  
UNIVERSITY

Telephone: 020 2310512  
020 2329073  
Fax line: 020 2310302

P.O Box 109 -60400  
CHUKA

**LETTER OF ACCEPTANCE OF OFFER OF ADMISSION BY THE CANDIDATE**

**(To be Completed in duplicate by those accepting offer)**

**Dear Sir/Madam,**

**Name.....Registration No:.....**

**Telephone No.....Email.....**

**(Where applicable)**

With reference to your letter offering me a place in the Faculty of .....for a Course leading to a Degree/Diploma of .....

I accept the offer and UNDERTAKE TO ABIDE by the regulations governing the association, conduct and discipline of the student's of Chuka University, as stipulated in Chuka University Students' Handbook which I will read and understand.

Signature of Candidate: ..... Date: .....

ID No/Birth Certificate: .....

Full name: .....

Witness's ID No.: .....

Witness's signature: ..... Date: .....

Name of chief: ..... Location: .....

Chief's Telephone Number.....

Chief's signature: ..... Date: .....

Chief's stamp: ..... Date: .....

**FOR OFFICIAL USE ONLY**

**Approved by Dean of Faculty:**

Signature: ..... Date: .....