



**SCHOOL OF GRADUATE STUDIES**

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Tel. 0771349741

P.O. BOX 103- 40404

**RONGO**

**DECLARATION FORM**

I \_\_\_\_\_

National Identity Card/Passport Number \_\_\_\_\_ do hereby declare that I have read the Rules and Regulations Governing Examinations, the Conduct and Discipline of Students and the Rules and Regulations Governing Graduate Studies at **Rongo University**, have understood their content and meaning and undertake to abide by them.

Signature of Student: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Date: \_\_\_\_\_

**AND WITNESSED BY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ ID/Passport No.: \_\_\_\_\_

Designation of Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_