

Tel: 0771798227 P.O. Box 103 – 40404

Email: admissions@rongovarsity.ac.ke Web: www.rongovarsity.ac.ke RONGO KENYA

ACCEPTANCE FORM

| Dear Sir/ Madam, | | |
|---|---------------------------------|--------------------------------|
| I Surname | First Name | Middle Name(s) |
| Admission No | ID/Passport No | |
| Mobile No | E-mail | |
| With reference to your letter offering | ng me a place in the School of: | |
| For a course leading to the Degree of | of | |
| Do hereby confirm that: (tick as app A. I DO ACCEPT the offer | | E by the Rules and Regulations |
| of Rongo University . I | | ool, Department or Programme |
| B. I DO NOT ACCEPT th | ne offer, reason(s) | |
| | | |
| | | |
| Signature | Date | |