LETTER OF DECLINE BY THE CANDIDATE (KUC/003)

(To be completed by those declining the offer)

Candidate's Name
(Surname /Last Name)_____
(Other Names)_____

Registration No._____Phone No._____

ID/Birth Cert. No._____

Email address_____

With reference to your letter offering me a place in the School of _____

For a course leading to the Degree/Diploma of _____

This is to confirm that **I DO NOT ACCEPT** the offer

Signature of Candidate:_____Date:_____

NOTE: If you are not accepting this offer, please complete KUCJ/B and return immediately to:

DEPUTY PRINCIPAL (ACADEMIC AFFAIRS & STUDENTS AFFAIRS)
KABARNET UNIVERSITY COLLEGE
P.O. BOX 469 – 30400, KABARNET