



Godoma Technical Training Institute

P. O. Box 1808 – 80108, Kilifi, Kenya
Tel 0720 755 952 Email info@godomatti.ac.ke



COURSE ACCEPTANCE DECLARATION

I hereby undertake to complete the course for which I have been accepted at Godoma Technical Training Institute I am requested to discontinue by the Institution Authorities.

I understand that change of Course or Department will be permitted only by approval of the Godoma TTI Academic Committee.

I accept the regulations made from time to time for the good order and governance of Godoma TTI, lawfully made by the Principal and other duly appointed officers of the Institution.

Student's Name _____ Adm. No. _____

Signature _____ Date _____

Name (Parent/Guardian) _____ ID No. _____

Signature _____ Date _____