DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
P.O. BOX 657 - 10100, NYERI
TELEPHONE: 0709202914, 0709202915
E-mail: registraraa@dkut.ac.ke; website: www.dkut.ac.ke
Office of the Registrar, Academic Affairs & Research

Self-Sponsored Students Course Acceptance Form (Page: 1 of 1)

Document No: DeKUT/AAR/APS/FORM 1/1

2026/2027 Academic Year

SECTION I: Programme Details

1. Name of the Programme admitted to at Dedan Kimathi University of Technology
   ……
2. School/Institute admitted to:……..
3. Expected Date of reporting to the University…….
4. Year of Study I ☐ II ☐ III ☐

SECTION II: Course Acceptance Declaration (To be Completed by those accepting the Offer only)

I accept the Offer/Programme

I…….. (Insert Student Name in full) on this Day…….Month…….Year…….. declare that **I DO ACCEPT** the offer and I promise to abide by the Rules and Regulations Governing the Conduct and Discipline of Students of Dedan Kimathi University of Technology. I hereby undertake to complete the programme for which I have been admitted at Dedan Kimathi University of Technology unless I am discontinued by the University Senate. I understand that I cannot change the Programme of Study unless permitted in writing by the University.

Student's Signature:…… **Date of Signature**:……

NOTE: *The completed form should be scanned and sent to the following email:* admissionsoffice@dkut.ac.ke. *Once received, the student will be issued with a registration number with which he/or she will be able to log into the Student Online Registration Portal and register before reporting to the University.*