

F-2-58-6-3



**JOMO KENYATTA UNIVERSITY
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AGRICULTURE AND TECHNOLOGY**
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STUDENT'S CONFIRMATION FORM

To the Chairman, Department of.....

I Year of Study:

Course:

Phone: E-mail:

Reg. No.:do confirm that I reported at.....

..... for attachment

on Signature: Date:

INDUSTRY SUPERVISOR

I do confirm that the above mentioned student reported to this Institution/Organization/Company

on for his/her field attachment.

Name: Signature:

E-mail: Phone:

Date: Official rubber stamp:

This form should be returned to the Chairman of the Department during the first week of the commencement of the attachment period. The onus is on the student to make sure that this form is received within the stipulated period of time.