



Declaration

Student's Name _____ **Date of Birth** _____ (mm) / _____ (dd) / _____ (yyyy)

I promise to provide all the required official transcripts and/or documents to complete my Western Covenant University admission requirements before commencing study in my selected program.

I also understand that I will not receive my degree/certificate/transcript unless I complete all the program requirements and meet all my financial obligations to the university.

Signature

Date