UNDEARTAKING TO BE OF GOOD BEHAVIOUR

STUDENT’S DATA

ID No: .............................. Name in full ..........................................................

Level: ..................Department: .................................................. School: ......................

Telephone: ......................... email: ..............................................................

I, ..............................................................................................................................,

Name of Student (Surname first in capital letters)

a bona fide student of Modibbo Adama University of Technology (MAUTech) Yola solemnly and
truthfully declare that I will comply with the University Rules that are enforced from time to time as
long as I remain a student of the University. Thus, I hereby undertake that I will:

(a) not cause any detriment to the interests, well-being or image of the University, students, staff
or employees of the University;

(b) not cause any detriment to public order, safety or security, morality, decency or discipline
whether within or outside the campus;

(d) not join, associate or express sympathy to any authorized or unauthorized society, group of
persons or association to cause damage or disruption to the peace and property of the
University or any other within or outside the University campus;

(e) pay the prescribed fee for damages to the University and its community’s property(ies) as a
result of the students’ unrest.

I hereby acknowledge and understand that if I fail to comply with any of the above or any of the
provisions in any laws, statutes, regulations, rules or orders, of the University then subsequently an
action can be taken against me according to the laws, statutes, regulations, rules or orders, including
expulsion from the University.

Signature of Student: .......................... Date: 

Name: ..............................

ID No. : ..............................

If student is below 18 years old, a parent or guardian must sign this undertaking too.

Signature of Parent/Guardian: .......................... Date: 

Name of Parent/Guardian:

Witnessed by (Name of Witness):

Signature of Witness Date:

Name: ..............................

Designation: ..............................