

**COLLEGE OF HEALTH SCIENCES
BENUE STATE UNIVERSITY, MAKURDI**



Form B

GUARANTOR'S UNDERTAKING FORM

GUARANTOR'S PERSONAL DETAILS:

Name:.....

Sex: Age: Permanent Home Address:

.....

.....

Village: District:

Council Ward: LGA:

State of Origin:

Occupation/Rank:

Address of Place of Work:

.....

Marital Status:

Relationship with Student(s):

GSM Nos: (1) (2)

Email:

Commitment

I undertake that my Ward/Child (Name of Student)

..... Phone Number of Student

Faculty/College: Department:

Course of Study: Level: will, during the course of his/her studies in the University, be of good conduct. He/she will not be a member of any secret cult or participate in any unlawful activity. I further undertake to sponsor his/her studies and pay all stipulated user charges required by the College/University.

Signature: **Date:**.....