



SPRING-UP COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY, ONDO.

BESIDE VIO OFFICE, ONDO-ORE ROAD, OKA FFF, ONDO CITY, ONDO STATE.

SCHTO/25/000G9

NAME:

ADDRESS:

OCCUPATION:

DATE:

Our Ref: SCHTO/AD/25/

Dear Sir/Ma,

ADMISSION TO SPRING-UP COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY, ONDO CITY, ONDO STATE.

GUARANTOR'S FORM

I wish to confirm that

..... who is my is well known to me and I hereby testify
to his/her (State Relationship)

good conduct.

In addition, I wish to affirm here my readiness to accept responsibility for her/his behavior throughout the period of her/his stay in Spring-Up College of Health Science and Technology Campus.

I also pledge that She/He will not participate in any cultist activities, examination malpractices and other social vices throughout her/his stays on the campus.

Yours faithfully

.....
Signature, Stamp and Date

