

CAMPBELL UNIVERSITY CONVOCATION – 14 OCTOBER 2017

Authorisation for Collection/Returning of Convocation Attire Form

I _____ IC No. _____ Reg. No. _____
(name)

E-mail address _____ Contact no: _____

Programme _____ wish to authorise _____
(name)

(I/C No. _____), and his/her contact no: _____

to collect/return the convocation attire on my behalf.

Signature

Date

I hereby declare that I am the representative of the abovenamed graduand.

Signature of Representative Date