UNIVERSITY OF GHANA



**OFFICE OF RESEARCH INNOVATION AND DEVELOPMENT**

ACCEPTANCE FORM FOR RESEARCH AFFILIATES

I of

*(Please indicate full name here)*

*(Please indicate residential address here)*

hereby accept all the terms and conditions of the offer for research affiliation and agree to abide by them. I also accept to abide by all the rules and regulations of the University of Ghana.

I confirm that I have read, understood and agree that I am required to pay all fees ***(as indicated in the offer letter)*** before the commencement of my attachment with the

|  |
| --- |
| **Name:**  |
| **Signature:** | **Date:** |

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