

THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638 Website: www.cuk.ac.ke Email: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACDRI)

STUDENT REGISTRATION CHECKLIST/FORM (NEWLY ADMITTE Instructions 1. To be filled in duplicates on the Registration Day 2. To be countersigned and stamped at every Registration Stage	ED STUDENTS)
SECTION A: STUDENT DETAILS (TO BE COMPLETED BY THE STUDENT)	
Student Name: Admission No:	
Programme Admitted To:	y:
Tel No.: E-Mail Address:	
Signature: Date:	
STAGE I: PRESENTATION AND VERIFICATION OF DOCUMENTS (To be Filled by	y the Verifying Officer)
O DOCUMENT NAME	REMARKS
1. Admission Letter	
2. Original and copy of National ID Card/Birth Certificate/Passport	
3. Original and Photocopy KCSE/Diploma/Degree Certificates and Result Slip/Transcripts	
4. 2 Passport Size Photographs	
5. Submission of All the Joining Instruction and documents	
6. Medical Examination Documents	,
Name of Verifying Admissions Officer	Date
Indicate whether (a) Resident (b) Non-resident:	
Hall and Room No. Allocated	
Name of Allocating Officer:	ate
Note: - A copy of this form must be retained by the Admissions Officer Document to be printed separately from other documents	
ATTAL	

Prepared by: Registrar, ACDRI

CUK is ISO 9001: 2015 Certified
EMPOWERING COMMUNITIES
Issue Date: Tuly 2017/1/

REGISTRAR

Revision: 02

Revision Date: July, 2023

Affix one of your current passport size photographs here



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		<u>S</u> 1	TUDENT'S DATA SHEET	1		
It.	1struct	ion: To be completed in ca	apital letters			
1.	Full N	lame:				
		Surname	First Name	Other Names		
2.	KCSE I	Index Number				
3.	University Admission/Registration Number:					
4.	Date of	of Birth: Day:	Month:	Year:		
5.	Gende	er: Male/Female:	Marital S	Status:		
6.	Natio	nality:	County of Birth	:		
7.	Natio	nal Identity Card No	Passport	: No		
8.	Conta	ct Address:				
	Mobil	e Phone Number:	E-mail: _			
9.	Name	of persons who can be con-	tacted in case of emergency:			
	(i)	Name:	Relationship			
		Mobile phone Number:	E-mail Address	<u> </u>		
	(ii)	Name:	Relationship			
		Mobile phone Number:	E-mail Address	<u>; </u>		
10.	. Do yo	ou have any form of physical	disability? Yes	No 📗		
	If yes	indicate the form of disabilit				
11.		fy that the Information I hav				

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ISSUE DORRED JUNE 2017

ACADEMIC AFFAIRS

REGISTRAR

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CUK/ASR/FORM09



THE CO-OPERATIVE UNIVERSITY OF KENYA

Instruc	ction: To be completed by those ACCEI	MISSION/RE-ADMISSION/STUD PTING the offer and submitted on the day of	registration		
Name:					
	(Surname)	(Other Names)			
Reg. No	O				
K.C.S.I	E. Index No.	Year			
ID No.	/Birth Certificate Number/Passport No.	ion to the Co-operative University of Kenya to pu			
having	been notified of my admission/re- admissi	ion to the Co-operative University of Kenya to pu	rsue a course leading to the		
(indicat	e programme)	do hereby bind myself solem	1 1 1 1 1 1		
		do hereby bind myself solem	nly and undertake to comp		
	e following conditions:		· · · · · · · · · · · · · · · · · · ·		
	1. That I will diligently apply myself to my prescribed course of study within the University in accordance with the relevant rules.				
2.	2. That I undertake to attend all scheduled lectures, tutorials, seminars and practicals and all other instructional activities that will be required of me by University authorities during my academic pursuit in the University.				
3.					
	9	ng in any unlawful activities that may be deem	ned to be prejudicial to the		
	b) I will abstain from inciting, obstructing a member of	ructing or in any manner stopping any other the University from giving lectures or such other	er student from attending er instructions.		
		ny unauthorized and or unlawful demonstration of the sparty to any activity deemed prejudicial to the sparty to activity to activity deem prejudicial to activity to activity the sparty the sparty to activity the sparty to activity the sparty the sparty to activity the sparty the sparty the sparty the sparty the sparty theorem the sparty the spart			
		yself in such manner as to uphold the dignity or commit any breach of rules, regulations or prac			
		times, within and outside the precincts of the th upholds the dignity of and public confidenc			
4.	conditions or should I in any way con	fully conscious that should I be found in banduct myself in a manner prejudicial to the me public, I shall be liable for disciplinary action	University, other students,		
DATE	D THIS	DAY OF	20		
SIGNI	ED				

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Revision: 02 Revision Date: July, 2023



THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT REGULATIONS DECLARATION FORM

I
School/Institute of Hereby
declare that I have read and understood the Regulations Governing the conduct and Discipline of Students at
The Co-operative University of Kenya. I further PROMISE TO ABIDE by the regulations Governing the
conduct and Discipline of the students of The Co-operative University of Kenya.
Student's Name
Registration No.
I.D./Passport/Birth Certificate No
Course Admitted To
Signature:
Date:



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THE CO-OPERATIVE UNIVERSITY OF KENYA

MEDIA USE CONSENT FORM

Student's	Name:					
Registration N	o.:					
I.D./Passport/	Birth Certific	cate No.:				
Course Admitt	ced To <u>:</u>					
The University	shall from ti	me to time take photo	graphs, films an	d videos of studen	ts and staff activ	rities while
in session as a	record of the	e day to day activities	and operations.	Such photographs	, videos and/or	films may
appear on the	University we	ebsite, newsletters, pri	nt/social/digital	media platforms a	and other printed	l material
produced for p	promotional p	ourposes including bro	chures, leaflets,	posters, adverts, b	anners and other	r material
sent out to the	ne print/soci	al/digital media or is	n reports to fu	nding bodies for	educational and	l research
purposes. Cop	yright of the	media contents taken	will remain with	The Co-operative	University of Ke	enya.
Signature:				Date:		******



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