



THE CO-OPERATIVE UNIVERSITY OF KENYA
OFFICE OF THE REGISTRAR (ACDRI)

STUDENT REGISTRATION CHECKLIST / FORM (NEWLY ADMITTED STUDENTS)

Instructions

1. To be filled in duplicates on the Registration Day;
2. To be countersigned and stamped at every Registration Stage.

SECTION A: STUDENT DETAILS (TO BE COMPLETED BY THE STUDENT)

Student Name: Admission/Registration No:
 Programme Admitted To: Year of Study:
 Tel No.: E-Mail Address:
 Signature: Date:

STAGE I: PRESENTATION AND VERIFICATION OF DOCUMENTS (To be filled by the Verifying Officer)

NO	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 Sign & Stamp Date

STAGE II: PHOTO CAPTURE

Name of Officer Sign & Stamp Date

STAGE III: BIOMETRIC REGISTRATION

Name of Officer Sign & Stamp Date

STAGE IV: ROOM ALLOCATION (Indicate whether (a) Resident (b) Non-resident:)

Hall and Room No. Allocated

Name of Allocating Officer: Sign & Stamp Date



Affix one of your current passport size photographs here



THE CO-OPERATIVE UNIVERSITY OF KENYA

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

OFFICE OF THE REGISTRAR (ACDRI)

STUDENT'S DATA SHEET

Instruction: To be completed in capital letters

1. Full Name:

Surname

First Name

Other Names

2. University Admission/Registration Number:

3. KCSE Index Number:

4. Former High School:

5. Date of Birth: Day:..... Month:..... Year:.....

6. Gender: Male/Female:..... Marital Status:

7. Nationality:..... County:

8. National Identity No./Passport No./Birth Cert No.:

9. Contact Address:

Mobile Phone Number:..... E-mail:

10. Name of persons who can be contacted in case of emergency:

i) Name:

Relationship Physical Address:.....

Mobile Phone Number:..... E-mail:

ii) Name:

Relationship Physical Address:.....

Mobile Phone Number:..... E-mail:

11. Do you have any form of impairment? Yes No

If yes indicate the form of impairment

I certify that the Information I have provided is correct.

Signature:..... Date:

Prepared by: Registrar, ACDRI

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EMPOWERING COMMUNITIES

Issue Date: July 2017

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THE CO-OPERATIVE UNIVERSITY OF KENYA

ACCEPTANCE OF OFFER OF ADMISSION/RE-ADMISSION/STUDENTSHIP FORM

Instruction: To be completed by those **ACCEPTING** the offer and submitted on the day of registration

Name:.....
 (Surname) (Other Names)

Reg No.:..... Email:.....

K.C.S.E. Index No.:..... Year:.....

ID No./Birth Certificate Number/Passport No.

having been notified of my admission/re- admission to the Co-operative University of Kenya to pursue a course leading to the Degree/ Diploma/Certificate of.....

..... do hereby bind myself solemnly and undertake to comply with the 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. 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. That I acknowledge and duly submit myself to the disciplinary authorities of the University as defined in the Rules and Regulations Governing the Conduct of students of the University. In particular: -
 - a) Bind myself to refrain from engaging in any unlawful activities that may be deemed to be prejudicial to the interest of the University and other students.
 - b) I will abstain from inciting, obstructing or in any manner stopping any other student from attending lectures; or obstructing a member of the University from giving lectures or such other instructions.
 - c) Undertake not to convene or join any unauthorized and or unlawful demonstrations, processions, gathering and activities or in any way to be a party to any activity deemed prejudicial to the good order and running of the University.
 - d) Undertake at all times to conduct myself in such manner as to uphold the dignity of the University and not to permit anyone to influence me to commit any breach of rules, regulations or practices of the University.
 - e) Undertake to conduct myself at all times, within and outside the precincts of the University, in a responsible and socially acceptable manner which upholds the dignity of and public confidence in the University.
4. That I bind myself by this instrument fully conscious that should I be found in breach of any of the above conditions or should I in any way conduct myself in a manner prejudicial to the University, other students, members of University or members of the public, I shall be liable for disciplinary action as per the University rules and regulations.

DATED THIS..... DAY OF..... 20.....

SIGNED

Witness to the above signature..... Parent/Guardian





THE CO-OPERATIVE UNIVERSITY OF KENYA

NON-ACCEPTANCE OF OFFER OF ADMISSION FORM

Instruction: To be completed by those **NOT ACCEPTING** the offer

Name:
 (Surname) (Other Names)

Reg. No.

K.C.S.E. Index No. Year

ID No./Birth Certificate Number/Passport No.

having been notified of my admission/re- admission to the Co-operative University of Kenya to pursue a course leading to the Bachelor/ Diploma/Certificate of

do hereby confirm that **I WILL NOT BE TAKING UP** the offer because of the following reasons:

(Tick where applicable)

1.	Family issues	
2.	Health related issues	
3.	I have been offered a Scholarship	
4.	I have taken on employment	
5.	I have joined another College/University	
6.	Any other reasons: _____ _____	

ADMISSION NO.

SIGNATURE **DATE**





THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT REGULATIONS DECLARATION FORM

I Reg. No..... in the
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.:

Tel. Contact:

Email Address:

I.D./Passport/Birth Certificate No.:

Course Admitted To:

Signature:.....

Date:.....

Prepared by: Registrar, ACDRI


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THE CO-OPERATIVE UNIVERSITY OF KENYA

MEDIA USE CONSENT FORM

Student's Name:

Registration No.:

Tel Contact: Email Address:

I.D./Passport/Birth Certificate No.:

Course Admitted To:

The University shall from time to time take photographs, films and videos of students and staff activities while in session as a record of the day to day activities and operations. Such photographs, videos and/or films may appear on the University website, newsletters, print/social/digital media platforms and other printed materials produced for promotional purposes including brochures, leaflets, posters, adverts, banners and other materials sent out to the print/social/digital media or in reports to funding bodies for educational and research purposes. Copyright of the media contents taken will remain with The Co-operative University of Kenya.

Signature: Date:

Prepared by: Registrar, ACDRI


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THE CO-OPERATIVE UNIVERSITY OF KENYA

EMERGENCY MEDICAL OPERATIONS FORM

Name of Student

Registration No

Course admitted to

Date of Birth

Approval of your parent(s) or guardian is required for the Vice – Chancellor of the Co-operative University, to give consent on their behalf for any emergency operation to be carried out on you, should such a situation arise.

I agree that the Vice - Chancellor of the Co-operative University of Kenya may give consent for any emergency operation being performed on(student’s name), if not possible to contact me in time.

Parent/ Guardian’s Name: Relationship:

Postal Address

Email Address: Mobile No:

Signature of Parent/Guardian:

Date:

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