

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:

NOTE: This form should be returned together with other forms on the reporting date.

Prepared by: Registrar, ACDRI



Revision: 02

Revision Date: July 2023



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:.....



CUK is ISO 9001: 2015 Certified
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Prepared by: Registrar, ACDRI





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:





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:





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.....





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OFFICE OF THE REGISTRAR (ACDRI)

JOINING INSTRUCTIONS FOR NEW STUDENTS

NOTE: Read carefully before completing the New Students Admission forms.

1) ARRIVAL AND REGISTRATION

First year students are expected to report and register on the dates indicated in the admission letters. **NOTE:** The Co-operative University of Kenya is located at the end of **Ushirika Road off Lang'ata South Road** after Bomas of Kenya. Approximately 18 KM from the City Center. The University can be reached by taking a matatu route No. 24 from the Bus Station terminus, Nairobi city. Further directions can be obtained through the following telephone number; **0724 311606**

2) STUDENT REGISTRATION CHECKLIST/FORM - NEWLY ADMITTED STUDENTS (CUK/ASR/FORM12)

All new students reporting for the first time must complete the Student Registration Checklist on the registration day. The form must be countersigned and stamped at every registration stage.

3) STUDENT'S DATA SHEET (CUK/ASR/FORM03)

You are required to fill and submit ONE COPY of the Student data sheet on the day of registration. Ensure that you have provided all the details accurately. You should also submit **ONE PASSPORT SIZE PHOTOGRAPHS** (Coloured) together with the form. Please ensure that you have written your name and registration/Admission number at the back of each photograph.

4) ACCEPTANCE OF OFFER OF ADMISSION/RE-ADMISSION/STUDENTSHIP (CUK/ASR/FORM10)

All candidates accepting the offer of admission must undertake to complete the programme of study that they have been admitted to. Complete the form and return a signed copy to the University on the day of registration.

5) NON-ACCEPTANCE OF OFFER OF ADMISSION (CUK/ASR/FORM13)

If you do not accept the offer of admission, complete Course Non-Acceptance Declaration Form and return to the University immediately.

6) STUDENT REGULATIONS DECLARATION (CUK/DOS/SRG01)

Every student must sign the Students Regulation declaration at the end of the document containing the rules and regulations governing the conduct and discipline of students signifying that they understand the contents and that the student is ready to uphold discipline and conduct during his/her studentship as stipulated in the Rules and Regulations Governing the Conduct and Discipline of Students at the Co-operative University of Kenya. The signed declaration must be submitted during registration.

REGISTRAR (AA,
THE CO-OPERATIVE UNIVERSITY
OF KENYA
P.O. Box 24814-00502, KAREN
NAIROBI

Prepared by: Registrar, ACDRI

CUK/ASR/9001:2015 Certified
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7) MEDIA USE CONSENT FORM (CUK/PRO/FORM01)

Students commit to having photographs and videos of students' activities and initiatives while in session to be used for the University's digital media promotional materials or otherwise.

8) CONSENT FOR EMERGENCY MEDICAL OPERATION (CUK/ASR/FORM14)

Parents (or guardians) of students are required to sign the consent form for emergency medical attention

9) STUDENT ENTRANCE MEDICAL EXAMINATION FORM (CUK/ASR/FORM15)

- i. **Admission to the University:** This is conditional upon satisfactory medical report being received. Students are therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University. The Doctor who examines the student is requested to complete and enclose in a sealed envelope addressed to the **Medical Officer, The Co-operative University of Kenya P. O. Box 24814-00502, KAREN, NAIROBI**. The student is required to bring the report along with him/her on the day of registration. This form should not be sent by Post Office.
- ii. **Medical attention at the University:** The University provides outpatient medical treatment to registered students at the University Dispensary. However, parents, guardians and students are advised to be prepared to cater for expenses for medical treatment which is not covered by the University Dispensary including hospitalization.
- iii. **Dental and Optical Treatment:** The University does not provide dental or optical treatment. Students are required to make their own arrangements to meet the expenses for such treatment.
- iv. **Consent For Emergency Medical Operation:** Parents (or guardians) of all students are required to sign the consent form for emergency medical attention

10) DEFERMENT FORM (CUK/ASR/FORM09)

Students who wish to defer their year of entry once admitted should notify the University by completing the deferment form.

11) RULES AND REGULATIONS GOVERNING THE CONDUCT AND DISCIPLINE OF STUDENTS (CUK/DOS/SRG01)

All students are expected to read and understand the Rules and Regulations Governing the Conduct and Discipline of Students and are expected to adhere to the same as stipulated in the rules and regulations governing the conduct and discipline of students at the Co-operative University of Kenya

NOTE: *Students are advised to print the FORMS referred to in the joining instructions as SEPARATE documents as guided by the form number and page numbers on the forms.*