



**THE CO-OPERATIVE UNIVERSITY OF KENYA**

P.O. Box 24814-00502 Karen – Nairobi  
 ; Tel:020-2430127, 020-2679456  
 Cell: 0724-311606  
 E-mail: [enquiries@cuk.ac.ke](mailto:enquiries@cuk.ac.ke) ; Website: [www.cuk.ac.ke](http://www.cuk.ac.ke)

**APPLICATION FOR DIPLOMA /CERTIFICATE PROGRAMMES**

Specify the Course applied for: .....

(i) State how you got information about this course. (Tick appropriately)

- 1) Newspaper  2) Former student   
 3) Member of staff  4) Current student   
 5) Any other (State it.....)

(ii) In case you got information through (i) 2, 3 or 4 above, state his/her name and contact.  
 Name.....contact (mobile No.).....

**PLEASE USE BLOCK LETTERS:**

**1. PERSONAL DETAILS:**

- (i) .....  
 SURNAME FIRST NAME MIDDLE NAME
- (ii) Date of Birth .....
- (iii) Sex (Tick one) Male  Female
- (iv) Marital status Married  Single
- (v) .....
- (vi) Nationality .....
- (vii) County .....
- (viii) Current Address .....Code.....
- (ix) Telephone No./ Mobile No. ....
- (x) Email.....
- (xi) Continuing student (current Certificate) (Tick appropriately): Yes  No

**2. PROFESSIONAL QUALIFICATIONS:**

(i) Co-operative Management and / or other Courses attended:

COURSE	CERTIFICATE AWARDED	YEAR	ADMISSION NO.
(a).....	.....	.....	.....



(b).....

**3. ACADEMIC QUALIFICATIONS:**

NAME OF SCHOOL .....

ADDRESS .....

YEAR .....

**KCSE RESULTS:  
SUBJECT:GRADE:**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**MEAN GRADE**

**4. EMPLOYMENT DETAILS:**

(i) Name of Employer .....

(ii) Date of 1<sup>st</sup> Appointment .....

(iii) Present Post .....

(iv) Employer's Address .....  
Tel. No. ....

(v) What are your current duties and responsibilities? .....

(vi) Signature of Applicant .....

**5. SPONSORSHIP AND AUTHORIZATION:**

Name and Address of Sponsor .....

I hereby certify that Mr./Mrs./Miss .....

Is our employee. He/She has been nominated to attend a .....  
Course, whose costs will be met by our organization.

**Name of official making the nomination:**

Name	Designation/Position	Signature Date
.....	.....	.....

Organization's Official Stamp .....



DIPLOMA/CERTIFICATE APPLICATION FORM-CUK/ASR/FORM 11

**6.NOTES:**

- (i) Registration fee of Ksh. **500/=** will be charged for each application made.
  - (ii) Applicants **MUST** attach photocopies of academic and professional certificates and National ID card.
  - (iii) 2 passport size photographs (**Not photo me**)
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**FOR OFFICIAL USE ONLY:**

APPLICATION RECEIVED ON .....

OFFICIAL RECEIPT NO. .... DATE: .....

AMOUNT KSH. ....

REMARKS .....

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**APPLICATION FORM SHOULD BE RETURNED TO:**

**Registrar, Academic Affairs**  
**The Co-operative University of Kenya**  
**P.O. Box 24814 -00502**  
**KAREN – NAIROBI**

Approved by: **D.B. OTIENDE**  
Registrar, AA



*CUK is ISO 9001: 2015 Certified*