



THE CO-OPERATIVE UNIVERSITY OF KENYA
P. O. BOX 24814-00502, KAREN. TELEPHONE: (020)-2430127/2679456/8891401

CHANGE OF CAMPUS REQUEST FORM

NB. Students MUST clear with the Campus they are transferring from.

A) Personal Details

Name: ..... Registration No.: .....
Year of study: ..... Semester: .....
Current Campus: ..... Programme: .....
Telephone: ..... Email: .....

B) Request for Campus Transfer:

New Campus: .....
Reason(s).....
.....
.....

Student signature ..... Date .....

C) For Official Purpose only

Releasing Campus

Recommended/Not Recommended: Dean/Director Sign & Stamp ..... Date.....
If not recommended, Remarks: .....

Receiving Campus

Recommended/Not Recommended: Dean/Director Sign & Stamp ..... Date.....
If not recommended, Remarks: .....

Registrar (ACDRI)

Campus Transfer Approved/ Not Approved: Sign & Stamp ..... Date.....

Prepared by: Registrar ACDRI



Revision: 02 Revision Date: July, 2023