



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

CHANGE OF COURSE REQUEST FORM - DIPLOMA

Instructions

- 1. Attach a copy of the KCSE Result Slip and Admission Letter;
2. The form MUST be signed by the Directorate of TVET.

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

Request for Inter Faculty/Inter Department Transfer to:

New Programme:
Reason(s):

Student's signature Date

For Official Purpose only

a) Approval by the Directorate (ITVET)

Recommended/Not Recommended: Director Sign & Stamp Date

If not recommended, Remarks:

b) Admissions Office

Approved/ Not Approved: Sign & Stamp Date

For: Registrar (ACDRI)

