



THE CO-OPERATIVE UNIVERSITY OF KENYA
 P. O. BOX 24814-00502. KAREN. TELEPHONE: (020)-2430127/2679456/8891401
CHANGE OF COURSE REQUEST FORM – KUCCPS BACHELORS

Instructions:

1. *Attach a copy of the KCSE Result Slip and Copy of the Admission Letter.*

Name: Registration No.:

KCSE Index Number: KCSE Year: KUCCPS Password

Year of study: Semester:

Current School:

Current Programme:

Telephone: Email Address:

Request for Inter Faculty/Inter Department Transfer to:

New School:

New Programme:

Reason(s).....

Student signature Date

For Official Purpose only

Admissions Office

Programme requirements (CUK Programme Cut Off Points):

Student's qualifications (Weighted Cluster Points):

Course Transfer Recommended/Not Recommended: Sign & Stamp Date.....

If not recommended, Remarks:

For: Registrar (ACDRI)

Releasing School

Recommended/Not Recommended: Dean/Director Sign & Stamp Date.....

If not recommended, Remarks:

Receiving School

Course Transfer Approved/ Not Approved: Dean/Director Sign & Stamp Date.....

If not approved, Remarks:

Prepared by: Registrar ACDRI

Issue Date: April 2014

Revision: 03

Revision Date: July 2023

