



THE CO-OPERATIVE UNIVERSITY OF KENYA
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CHANGE OF MODE OF STUDY REQUEST FORM

Note: The Form MUST be signed by both the releasing and Receiving School/Directorate/Campus

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

Request for Change of Mode of Study:

New Mode of study:
Reason(s) for changing the mode of study:

Student Signature Date

For Official Purpose Only

Admissions Office

Change of Mode Recommended/Not Recommended: Sign & Stamp Date

For: Registrar (ACDRI)

Releasing School/Directorate/Campus

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

If not recommended, Remarks:

Receiving School/Directorate/Campus

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

If not recommended, Remarks:

Prepared by: Registrar ACDRI

Issue Date: April 2014



Revision: 02

Revision Date: July, 2023