



CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638
Website: www.cuk.ac.ke Email: registrar@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACDRI)

REQUEST FOR RE-ADMISSION/RE-REGISTRATION

A. Student Details

Name: Reg. No:
Campus: Programme:
Year of Study: Semester:
Email Address: Tel:
Date:

B. I hereby request (tick relevant one and specify the period in the space provided)

- 1. Re-admission []
2. Re-registration []

Specify duration you have been away:

C. Reasons for having been away (Tick appropriately):

- [] Financial [] Medical (Attach medical documents) [] Compassionate
[] Examination Irregularity [] Discipline
[] Others (Specify)

Student's Signature Date

For Official Use Only

D. For De-registered Students

Payment of Re-registration Fees (Ksh. 1000)

Finance Officer Signature and Official Stamp: Date

D. Dean/Director Approval

Re-admission/Re-registration Approved/ Not Approved Sign & Stamp: Date.....

State the level at which Student should be re-admitted/re-registered:

Other Remarks:

E. Registrar (ACDRI) Approval

Re-admission/Re-registration Approved/ Not Approved Sign & Stamp: Date.....

Prepared by: Registrar ACDRI

REGISTRAR (ACDRI) THE CO-OPERATIVE UNIVERSITY OF KENYA
Issue Date: April 2014
P.O. Box 24814-00502, KAREN NAIROBI

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