



THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O. Box 24814-00502 Karen – Nairobi
 Tel;020-2430127, 020-2679456
 Cell: 0724-311606

E-mail: enquiries@cuk.ac.ke Website: www.cuk.ac.ke

**APPLICATION FOR BACHELOR/MASTERS/POST GRADUATE
 DIPLOMA PROGRAMMES**

Specify the Course applied for:

(i) State how you got information about this course. *(Tick appropriately)*

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| 1) Newspaper | <input type="checkbox"/> | 2) Former student | <input type="checkbox"/> |
| 3) Member of staff | <input type="checkbox"/> | 4) Current student | <input type="checkbox"/> |
| 5) Any other | (State it | | |

(ii) In case you got information through; 1, 2, 3 or 4 above, state his/her name and contact.

Name Contact

Surname:..... First Name:..... Middle Name:.....

Date of birth:..... Nationality:..... ID No:..... Sex:

Male Female

Marital Status: Single Married

County:.....

Postal Address:..... Code.....

Cell phone..... Email.....

Pattern: Full-time or part-time Intake: Year of study:.....

Below indicate school certificates held, including the name of the institution, grade and date awarded

Certificate	Institution	Grade	Date awarded
1.			
2.			
3.			
4.			



DEGREE APPLICATION FORM-CUK/ASR/FORM 10

Other post-school or professional qualifications (if any)

Name of Certificate	Institution	Grade	Duration
1.			
2.			
3.			
4.			

Current employment: Please give brief details of relevant past and current employment with date or attach C.V.

Employment (Position)	Organization	Date
1.		
2.		
3.		
4.		

Fees: Who will be responsible for the payment of your fees? Self () Other (). If other than yourself, please state your sponsor: Name:..... Relationship:.....

Address:..... Telephone:.....

Names and addresses of at least two senior persons acquainted with your academic work, who may be asked to write on your behalf about your academic fitness and general suitability to undertake this course.

i) Name:.....
 ii) Position:.....
 Address:..... Telephone:.....

iii) Name:.....
 Position:.....
 Address:..... Telephone:.....

Name and address of nearest relative, person or agent who should be contacted in case of emergency:
 Name:..... Relationship:.....

Address:..... Telephone:.....

Fees payment through payroll (for CUK staff only)

I authorize the University to deduct from my salary Kshs.....
 in..... Installments with effect
 from.....



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Declaration

I certify that the information/statements made by me on this form are true, to the best of my knowledge, correct and complete.

Signature:..... Date:.....

- (i) Registration fee of Ksh. **1500/=** for Bachelors and **Ksh. 2000** for Masters and Postgraduate programmes will be charged for each application made.
 - (ii) Applicants **MUST** attach photocopies of academic and professional certificates and National ID card.
 - (iii) 2 passport size photographs (**Not photo me**)
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The completed form with photocopies and professional certificates together with two passport size photographs and a copy of the national ID should be sent/submitted to:-

Registrar, Academic Affairs
The Co-operative University of Kenya,
P O Box 24814 – 00502
KAREN – NAIROBI, KENYA

For Official Use Only

Application: Approved () Rejected () intake: January (), April (), July ().
Registration No....., Pattern of study: Full-time () Part-time ().

Remarks, if any:

Date of commencement:..... Academic Year:.....

Application fee paid Kshs.....

Official Receipt No.....

Date:.....

Approved by: D.B. OTIENDE
Ag. Registrar, AA
First date issued 22nd July 2017



CUK is ISO 9001: 2015 Certified