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

CHANGE OF COURSE REQUEST FORM – POSTGRADUATE

Instructions:

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

Name: …… Registration No.: ……...

Current School: …….

Current Programme: ……

Telephone: ……. Email Address: ……

Request for Inter Faculty/Inter Department Transfer to:

New School: …….

New Programme: ……

Reason(s)……

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Student signature …… Date ……

For Official Purpose only

Student Finance

Payment of Change of Course Fees (*Amount equivalent to the application fee of the level of study*)

Finance Officer Signature and Official Stamp: …….. Date ……

Releasing School

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

If not recommended, Remarks: ……

Receiving School

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

If not approved, Remarks: ……

Admissions Office

Programme requirements (CUK Programme Cut Off Points): ……

Student's qualifications (Weighted Cluster Points): ……

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

If not recommended, Remarks: ……

For: Registrar (ACDRI)