



THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638

Website: www.cuk.ac.ke EMAIL: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

JOINING INSTRUCTIONS FOR NEW STUDENTS

1) ARRIVAL AND REGISTRATION

First year students are expected to report and register on the dates indicated in the admission letters.

NOTE: The Co-operative University of Kenya is located at the end of **Ushirika Road off Lang'ata South Road** after Bomas of Kenya. Approximately 18 KM from the City Center. The University can be reached by taking a matatu route No. 24 from the Bus Station terminus, Nairobi city. Further directions can be obtained through the following telephone number; **0724 311606**

2) STUDENT REGISTRATION CHECKLIST/FORM - NEWLY ADMITTED STUDENTS (CUK/ASR/FORM15)

All new students reporting for the first time must complete the Student Registration Checklist on the registration day. The form must be countersigned and stamped at every registration stage.

3) STUDENT'S DATA SHEET (CUK/ASR/FORM20)

You are required to fill and submit ONE COPY of the Student data sheet on the day of registration. Ensure that you have provided all the details accurately

4) ACCEPTANCE OF OFFER OF ADMISSION/RE-ADMISSION/STUDENTSHIP (CUK/ASR/FORM09)

All candidates accepting the offer of admission must undertake to complete the programme of study that they have been admitted to. If you accept the offer of admission, then you must fill Form **(CUK/ASR/FORM09)** and return a signed copy to the University on the day of registration.

5) NON-ACCEPTANCE OF OFFER OF ADMISSION (CUK/ASR/FORM10)

If you do not accept the offer of admission, kindly complete Course Non-Acceptance Declaration Form and return to the University immediately.

6) STUDENTS PERSONAL DETAILS (CUK/ASR/FORM11)

You are required to fill and submit ONE COPY of the Student details form and submit on the day of registration. You should also submit **TWO PASSPORT SIZE PHOTOGRAPHS** (Coloured) together with form. Please ensure that you have written your name and registration/Admission number at the back of each photograph.

7) STUDENT ENTRANCE MEDICAL EXAMINATION FORM (CUK/ASR/FORM12)

i. **Admission to the University:** This is conditional upon satisfactory medical report being received.

Students are therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University. The Doctor who examines the student is requested to complete and enclose in a sealed envelope addressed to the **Medical Officer, The Co-operative University of Kenya P. O. Box 24814-00502, KAREN, NAIROBI**. The student is required to bring the report along with him/her on the day of registration. This form should not be sent by Post Office.

ii. **Medical attention at the University:** The University provides outpatient medical treatment to registered students at the University Dispensary. However, parents, guardians and students are advised to be prepared to cater for expenses for medical treatment which is not covered by the University Dispensary including hospitalization.



CUK is ISO 9001: 2015 Certified
Issue Date: July 2017

iii. **Dental and Optical Treatment:** The University does not provide dental or optical treatment. Students are required to make their own arrangements to meet the expenses for such treatment.

8) CONSENT FOR EMERGENCY MEDICAL OPERATION (CUK/ASR/FORM13)

Parents (or guardians) of all students are required to sign the consent form for emergency medical attention

9) STUDENT REGULATIONS DECLARATION (CUK/DOS/SRG01)

Every student must sign the Students Regulation declaration at the end of the document containing the rules and regulations governing the conduct and discipline of students signifying that they understand the contents and that the student is ready to uphold discipline and conduct during his/her studentship as stipulated in the Rules and Regulations Governing the Conduct and Discipline of Students at the Co-operative University of Kenya. The signed declaration must be submitted during registration.

10) FEES PAYMENT, LOANS/BURSARIES SCHEME (CUK/ASR/FORM15)

Students are advised to familiarize themselves with information provided in **FEES STRUCTURES** regarding fees, loans and bursaries, and to make the necessary arrangements with financing institutions before reporting to the University in case one is in need of financial support.

11) CATERING AND ACCOMMODATION SERVICES (CUK/ASR/FORM16)

Information on the Catering and Accommodation services offered at the Co-operative University of Kenya is contained in the **CATERING AND ACCOMMODATION SERVICES INFORMATION** under students' regulations and an excerpt indicated here. All students are expected to familiarize themselves with the information and adhere to them.

NOTE: *Application for accommodation will be opened one (1) week to the actual reporting date.*

12) RULES AND REGULATIONS GOVERNING THE CONDUCT AND DISCIPLINE OF STUDENTS (CUK/DOS/SRG01)

All students are expected to read and understand the Rules and Regulations Governing the Conduct and Discipline of Students and are expected to adhere to the same as stipulated in the rules and regulations governing the conduct and discipline of students at the Co-operative University of Kenya

13) MEDIA USE CONSENT FORM (CUK/PRO/FORM01)

Students commit to having photographs and videos of students' activities and initiatives while in session to be used for the University's digital media promotional materials or otherwise.

14) ADDITIONAL REQUIREMENTS FOR STUDENTS TAKING HOSPITALITY MANAGEMENT PROGRAMMES (CUK/DEE/FORM10)

Students undertaking Diploma in Catering & Hotel Management and Bachelor of Catering & Hospitality Management shall be required to purchase these additional requirements to facilitate their learning.

15) DEFERMENT FORM (CUK/ASR/FORM08)

Students who wish to defer their year of entry once admitted should notify the University by completing the deferment form.

NOTE: *Students are advised to print the FORMS referred to in the joining instructions as SEPARATE documents as guided by the form number and page numbers on the forms.*





THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638

Website: www.cuk.ac.ke EMAIL: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

STUDENT REGISTRATION CHECKLIST / FORM (NEWLY ADMITTED STUDENTS)

Instructions

1. To be filled on the Registration Day
2. To be countersigned and stamped at every Registration Stage

A) STUDENT DETAILS

Student Name: Admission No. :

Mobile Number: Email..... Date:

School: Programme of Study:

Indicate whether (a) Resident (b) Non-resident:

Signature: Date:

STAGE I: PRESENTATION, VERIFICATION & SUBMISSION OF CERTIFICATES AND JOINING INSTRUCTIONS

Required Documents

- 1) Admission Letter;
- 2) Original and Photocopy KCSE/Diploma/Degree Certificates and /Result Slip/Transcripts
- 3) Original and Photocopy National ID/Birth Certificate;
- 4) 2 Passport Size Photographs;
- 5) Submission of All the Joining Instruction and documents

Name of Verifying Officer Sign & Stamp..... Date.....

STAGE II: PRESENTATION, VERIFICATION & SUBMISSION OF MEDICAL EXAMINATION DOCUMENTS

Name of Verifying Officer Sign & Stamp..... Date.....

STAGE III: ROOM ALLOCATION

Hall and Room No. Allocated

Name of Allocating Officer Signature

Stamp Date



CUK is ISO 9001: 2015 Certified
Issue Date: July 2017

Prepared by: Registrar, AA

Revision: 01

Revision Date: March 2020



THE CO-OPERATIVE UNIVERSITY OF KENYA

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

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

STUDENT'S DATA SHEET

1. Full Name:
Surname First Name Other Names
2. KCSE Index Number.....
3. University Admission Number:
4. Date of Birth: Day:.....Month:.....Year:
5. Gender: Male/Female:.....Marital Status:
6. Nationality:.....County:
7. National Identity Card No.Passport No.
8. Postal Contact Address:
Mobile Phone Number:.....E-mail:
9. Name of persons who can be contacted in case of emergency:
 - (i) Name:.....Mobile phone Number: E-mail
Address:.....Relationship
 - (ii) Name:.....Mobile Phone Number: E-mail
Address:.....Relationship
10. Do you have any form of physical disability? Yes No
If yes indicate the form of disability
11. I certify that the Information I have provided is correct.
Signature:.....Date:

NB: This form should be returned together with other forms on the reporting date.





THE CO-OPERATIVE UNIVERSITY OF KENYA

NON-ACCEPTANCE OF OFFER OF ADMISSION FORM

Instruction: To be completed by those **NOT ACCEPTING** the offer

Name:
(Surname) (Other Names)

Reg. No.
K.C.S.E. Index No. Year

ID No./Birth Certificate Number/Passport No.

having been notified of my admission/re- admission to the Co-operative University of Kenya to pursue a course leading to the Bachelor/ Diploma/Certificate of

do hereby confirm that **I WILL NOT BE TAKING UP** the offer because of the following reasons:

(Tick where applicable)

1.	Family issues	
2.	Health related issues	
3.	I have been offered a Scholarship	
4.	I have taken on employment	
5.	I have joined another College/University	
6.	Any other reasons: _____ _____	

ADMISSION NO.

SIGNATURE **DATE**





Affix one of your current passport size photographs here

THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT'S PERSONAL DETAILS FORM

Information provided in this form is intended to help the Office of the Registrar (Academic Affairs), understand the student better. It will be used for purposes of improving the student's welfare while at the University.

Instruction: To be completed in capital letters

1. Name:.....
 (Surname) (First name) (Others)
2. Gender: Female Male
3. Identification(I/D)/passport/birth certificate number.....
4. K.C.S.E. Index No: (where applicable).....
5. Registration number.....
6. Date of birth
7. Religion..... Nationality.....
8. Contact address
- Cell phone No..... Email address
9. a) Marital status
- b) Name and address of spouse (if married)
10. Full name of father/guardian
- Telephone..... Address
11. Full name of mother/guardian
- Telephone..... Address
12. a) Occupation of father/guardian
- b) Occupation of mother
13. Full name of sponsor (where applicable)
- Telephone..... Address
14. Place of birth (Village/Estate)
- Sub-location/Street..... Location.....
- Name of Assistant Chief:..... Name of Chief:.....
- Sub-County..... County.....
15. Name of your current residence (Village/Estate)



16. Give names and addresses of two persons who can be contacted in case of an emergency

NAME	RELATIONSHIP	ADDRESS & TEL. NO.
.....
.....

17. Name and address of secondary school attended

Date: From.....To

18. Who paid your secondary school fees?

19. State the number of your siblings attending the following categories of institutions.
 i) Primary school..... ii) Secondary school iii) College/University

20. Other institutions attended and qualifications attained

21. Have you represented your school in any of the following;
 Music Drama Creative arts

At what level? School County National

22. Games/Sports: Which games/sports do you participate or are interested in?

23. Have you represented your school in sports and games?
 At what level? School County National Others

24. Clubs, Societies and Hobbies: Which clubs, societies and hobbies are you interested in? Please provide details of your participation.

25. Do you have any form of impairment? If yes, give details.

26. Please give any information you think is useful for the University to know in order to facilitate your comfortable stay in campus.

I certify that the information I have provided is correct.

Signature.....

Date



**THE CO-OPERATIVE UNIVERSITY OF KENYA****STUDENT ENTRANCE MEDICAL EXAMINATION FORM**

STUDENT NAME:.....REG. NO.

IMPORTANT:

It is a requirement by the University that all the students joining the University must complete Part 1 of this form. Thereafter he/she must complete Part II with assistance of a qualified and registered medical doctor. Part III will be filled by the examining doctor who will thereafter print on the form his full name and Medical Practitioners' and Dentists Board Registration Number.

The completed form must be returned to the Registrar (Academic Affairs) together with the letter of Acceptance., on or before the date of registration.

PART 1:

Surname:.....Other Names:.....

Gender:.....Date of Birth:.....Place of Birth

Nationality:.....Marital Status.....No. of Children.....

Name of Parent/Guardian/Next o:

Postal Address:

Telephone No. (Parent/Guardian):

PART II: (To be completed by the student with the help of a doctor / parent / guardian where necessary)

Have you ever been admitted into hospital?

If so, when and for what illness?



Have you ever suffered from any of the following?

Condition/ailment	Yes	No	Condition/ailment	Yes	No
Allergies			Thyroid disease		
Anaemia/unexplained syncope			High blood pressure/stroke		
Asthma/epilepsy/diabetes			Jaundice/Hepatitis		
Mental illness			Peptic Ulcer		
Severe headaches			Bilharzia		
Surgeries/back problems			Chest pain/heart disease		
Thyroid disease			Diabetes mellitus		
Tuberculosis/persistent cough for over two weeks			Kidney disease / bladder problems		

Do you/Does anyone in your family have an existing medical condition? Yes/No.

If yes, please elaborate.....

Vaccination history:	Yes	No	Vaccination history:	Yes	No
Poliomyelitis			Tetanus		
Hepatitis. A			Hepatitis. B		
Meningitis			BCG		

PART III:

RESPIRATORY SYSTEM:

Clinical findings..... Respiratory rate

Percussion..... Auscultation

ALIMENTARY SYSTEM:

Teeth..... Tongue..... Abdomen.....

GENITO-URINARY SYSTEM:

Urethra discharge..... L.M.P..... Uterus

Urine..... S.G..... Albumin..... Sugar.....

Deposit



CUK is ISO 9001: 2015 Certified

Issue Date: July 2017

Revision: 02

Revision Date: August 2021

Prepared by: Registrar, AA

COMMENTS BY THE EXAMINING DOCTOR

.....
.....
.....

Doctor's Name (Printed)..... Signature and Stamp.....

Medical Practitioners & Dentists Board Reg. No..... Date

PART IV:

COMMENTS BY THE UNIVERSITY MEDICAL OFFICER

Remarks

Does the student require any special medical needs?

.....
.....

NAME..... **SIGNATURE:**..... **DATE**

IMPORTANT NOTE:

Any student seeking medical services at the University's Dispensary **MUST** identify himself/herself using a Students' Identification Card.

All students are eligible for outpatient services at University's Dispensary. Such services shall be provided only when the students are in session. Those requiring hospitalization or specialized care including dental and optical services will be referred and the cost of hospitalization and such specialized treatment or privately sourced medical services will be borne by the student or parent/guardian. Parents/guardians are encouraged to secure NHIF or any other appropriate medical cover for the children.





THE CO-OPERATIVE UNIVERSITY OF KENYA

EMERGENCY MEDICAL OPERATIONS FORM

Name of Student

Registration No

Course admitted to

Date of Birth

Approval of your parent(s) or guardian is required for the Vice – Chancellor of the Co-operative University, to give consent on their behalf for any emergency operation to be carried out on you, should such a situation arise.

CONSENT FORM

I agree that the Vice - Chancellor of the Co-operative University of Kenya may give consent for any emergency operation being performed on (student's name), if not possible to contact me in time.

Parent/ Guardian's Name

Signature

Relationship

Address

Telephone No.

Date

Signature of Parent/Guardian Date





THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT REGULATIONS DECLARATION FORM

I Reg. No..... in the
School/Institute of Hereby
declare that I have read and understood the Regulations Governing the conduct and Discipline of Students at
The Co-operative University of Kenya. I further **PROMISE TO ABIDE** by the regulations Governing the
conduct and Discipline of the students of The Co-operative University of Kenya.

Student's Name.....

Registration No.....

I.D./Passport/Birth Certificate No.....

Course Admitted To.....

Signature:.....

Date:.....





THE CO-OPERATIVE UNIVERSITY OF KENYA

MEDIA USE CONSENT FORM

Student's Name:

Registration No.:

I.D./Passport/Birth Certificate No.:

Course Admitted To:.....

The University shall from time to time take photographs, films and videos of students and staff activities while in session as a record of the day to day activities and operations. Such photographs, videos and/or films may appear on the University website, newsletters, print/social/digital media platforms and other printed materials produced for promotional purposes including brochures, leaflets, posters, adverts, banners and other materials sent out to the print/social/digital media or in reports to funding bodies for educational and research purposes. Copyright of the media contents taken will remain with The Co-operative University of Kenya.

Signature: Date:





CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638

Website: www.cuk.ac.ke EMAIL: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

REQUEST FOR ACADEMIC LEAVE/ DEFERMENT

Name: Reg. No:

Campus:

Programme:

Year of Study: Semester:

Email Address: Tel:

Date:

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

1. Academic leave (Continuing Students)

2. Deferment of Admission (New Students)

Specify duration:

B. Give specific reasons for your request (Tick appropriately):

Financial Medical (*Attach medical documents*) *passionate*

Others (*Specify*)

Student's Signature Date

C. Dean/Director's Approval (For those applying for Academic Leave)

Approved Not approved

If not approved, state reason(s):

.....
Signature (Dean/Director) and Official Stamp

.....
Date

D. Registrar (AA) Approval

Approved Not approved

.....
Signature and Official Stamp





THE CO-OPERATIVE UNIVERSITY OF KENYA

FEE PAYMENT AND STUDENT LOAN/BURSARY SCHEME

1. FEE PAYMENT METHODS

All payments to the institution are payable as follows:

- i) Deposit at any branch of Co-operative bank A/C 01129062663600 Karen branch
- ii) M-Pesa Paybill no. 400222 A/C no. 723#admission number
- iii) Bankers cheque-to be presented to the University cash-office
- iv) Cheques from CDF, County funds, other sponsors to be presented to the University Cash Office accompanied by the forwarding letter from the organisation.

NOTE: The University does not accept CASH PAYMENTS and PERSONAL CHEQUES.

2. STUDENT LOAN/BURSARY SCHEME

Students wishing to apply for the Higher Education Loan/Bursary are required to take note of the application period. Applicants are required to fill in loan/bursary application forms which can be downloaded from the HELB website, new applicant's portal: www.helb.co.ke. The forms can also be obtained from the **Higher Education Loans Board (HELB) offices at Anniversary Towers, University Way, P.O. Box 69489, Nairobi.**

3. ACCOMMODATION FEES PAYMENT

Students who secure accommodation at the University hostels will be required to pay full accommodation fees before room allocation. Payments can be made through MPesa or cash deposit to the University accounts.

NOTE: Download fee structure and refer to the first-year fee structure.





THE CO-OPERATIVE UNIVERSITY OF KENYA

CATERING AND ACCOMMODATION SERVICE INFORMATION

1. CATERING

The University Catering Services operate on a Pay As You Eat (PAYE) arrangement. Under this arrangement, students have a variety of food items/dishes to choose from and each food item/dish is priced separately.

2. ACCOMMODATION

The University has limited accommodation opportunities; therefore, accommodation is not guaranteed within the University hostels. Students who secure accommodation at the University hostels will be required to pay at least 50% of the prescribed semester fees and full accommodation fees before room allocation. Payments can be made through MPesa or cash deposit to the University accounts. If you are not offered a place in the Halls of Residence, you can access details of private hostels from our website (<https://www.cuk.ac.ke/accomodation/>).

NOTE: *Application for accommodation will be opened one (1) week to the actual reporting date.*

3. HOSTEL ACCOMMODATION RATES

The accommodation fee payable is at a flat rate of **KSHS 12,000.00** per Semester, irrespective of the choice of room. This must be paid in the bank by students who may be accommodated. There are limited accommodation facilities that will be offered on first come first served basis.

4. APPLICATION FOR ACCOMMODATION

- i) Students wishing to be considered for the available spaces for accommodation in the University hostels will be required to apply online through the Student's Portal.
- ii) After online hostel booking, the student should print room booking slip and present it to the Housekeeper on admission day for room allocation.



CUK is ISO 9001: 2015 Certified

NOTE. Applicants should take note of the following;

- i) Accommodation fee is not refundable or transferrable to tuition fee two (2) weeks after booking of Room
- ii) Booked rooms must be occupied within the first week of the semester; failure to which, the room shall be re-allocated to another student.
- iii) Transfer of accommodation fee to tuition fee is done in writing to the Dean of students through the House Keeper, within the first two weeks after booking of hostel.

Terms and Conditions of Occupancy

1. This document is neither a guarantee for offer of hostel space applied for nor any hostel space at all;
2. The process will be based on availability of hostel spaces;
3. Any student allocated a room shall not be allowed to transfer to another room;
4. No sub-letting of the allocated room is permitted, and any student found subletting space shall be expelled from the hostels;
5. Any student allocated a room and does not take up occupancy within the first three weeks of the Semester shall be deemed to have forfeited the space allocated;
6. Students are expected to pay the full amount for the Semester before allocation of a room;
7. No cooking is allowed in the allocated room, and any student found cooking shall, in addition to facing disciplinary action, be expelled from the hostels;
8. The occupant will be held responsible for any loss of fittings or damages in a room allocated to them;
9. At the end of every semester students shall return keys, mattresses and curtains (if any) to the housekeeping office, failure to which they shall be surcharged;
10. Students allocated rooms in the University Hostels shall be expected to remove all their belongings before proceeding for holidays;
11. The University reserves the right of allocation of space.





THE CO-OPERATIVE UNIVERSITY OF KENYA

BACHELOR/DIPLOMA IN CATERING AND HOSPITALITY MANAGEMENT

LIST OF COURSE REQUIREMENTS

A) FOOD PRODUCTION

1. Standard double-breasted White Chefs jacket
2. White half apron
3. Black trousers or skirt, not tight fitting
4. Safaricom Green triangular Neckerchief
5. White Chefs hat – (not Nets)
6. Black closed leather shoes
7. Kitchen knife
8. Kitchen towel
9. Oven gloves or oven cloth
10. Name Tag (Rectangular Green)

B) FOOD SERVICE

1. White long-sleeved shirt
2. Black trouser or skirt, not tight fitting
3. Black half coat
4. Black closed leather shoes
5. Black Bow tie/ Tie
6. Big Five-cork screw opener, lighter, waiters cloth, order pad/pen & Glass cloth
7. Name Tag (Rectangular Green)

C) HOUSEKEEPING

1. White long-sleeved shirt
2. Black trouser or skirt, not tight fitting
3. Black closed leather shoes
4. Name Tag (Rectangular Green)

D) LIST OF BOOKS (Purchase from Book shops like Savannis, Text Book Centre)

1. Practical Cookery by David Foskett
2. Food and Beverage Service by Dennis Lillicrap
3. The Theory of Hospitality and Catering by David Foskett
4. Hotel, Hostel and Hospital Housekeeping by Loan Branson



CUK is ISO 9001: 2015 Certified