Affix one current passport size photo here (Not photo me)



CO-OPERATIVE UNIVERSITY OF KENYA

Website: www.cuk.ac.ke EMAIL: registrar-aa@cuk.ac.ke; or admission@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS) APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

1.	Programme Level	Masters \square	PhD			
2.						
3.						
4.	Mode of study (Tick a					
5.	Preferred Campus:					
6.	Research institute where you will undertake your work if not at the university:					
7.	Indicate how you inter	nd to finance your stud	dies:			
8.	Date of Commenceme	ent:				
SE	CTION B: Applicant	's Personal Details				
1.	Applicant's Name (in					
		`	,	(First Name)	,	
				•	T	
					Religion:	
Na	tionality:	National ID	, Passport or	Birth Certificate N	o.:(Please attach copy)	
2	Name of Next of Kin			Relation	iship:	
_ .	I VALLE OF I VEAL OF INITIA					
					-	
Ро	stal Address:	Pos	stal Code:	Town	n/City:	
Ро	stal Address:	Pos	stal Code:	Town	-	
Po Te	stal Address:lephone Number:	Pos	stal Code: E-mail:	Towr	n/City:	
Po Te	stal Address:lephone Number: Do you have any form	n of disability? YES/N	stal Code: E-mail: O:	Towr	n/City:	
Po Te 3. If y	stal Address:	n of disability? YES/N	stal Code: E-mail: O:	Towr	n/City:	
Po Te 3. If y	stal Address:	n of disability? YES/N	stal Code: E-mail: O:	Towr	n/City:	
Po Te: 3. If y	stal Address:	n of disability? YES/N of disability:	stal Code: E-mail: O:egistration Nu	Towr	n/City:	
Po Te: 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te: 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te: 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te: 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	
Po Te: 3. If y	stal Address:	Position of disability? YES/N of disability:	stal Code: E-mail: O: egistration Nu	Towr	n/City:	

NB. Attach copies of certificates and academic transcripts



SECTION D: <u>Applicant's Work/Research Experience</u> (Where applicable)

Occupation	Organization	Date

SECTION E: Name and Address of two (2) Academic Referees.

Name	Address

SECTION F: Applicant's Declaration

I hereby declare that to	the best of knowledge, the information I have	given is correct.
Name:	Signature:	ID No

For Official Use only	
Application fee paid Kshs.	
Official Receipt No: Date and Official Stamp:	
Remarks, if any:	
Application: Approved () Rejected () Deferred (). Intake: January (); May (); September ().	

INSTRUCTIONS:

1. Duly filled Application Forms should be returned to:

The Admissions Office

The Co-operative University of Kenya,

P O Box 24814 - 00502

Email: admissions@cuk.ac.ke

<u>KAREN – NAIROBI, KENYA</u>

- 2. Attach (a) Original copy of the fee deposit slip for the payment of a non-refundable application fee of Kshs. 2,000 (Masters) and KShs. 3,000 (PhD), (b) Copies of Result Slips and/or Certificates; (c) Copy of National Identity Card/ Birth Certificate, and (d) One (1) passport photographs. Duly filled forms should be scanned and emailed to admissions@cuk.ac.ke. Payment should be made through bank deposit at any Co-operative Bank of Kenya Account No. 01129062663600 (Karen Branch, Nairobi) or through M-Pesa Paybill no. 400222 A/C no. 723#ID Number.