



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

CHANGE OF COURSE REQUEST FORM – KUCCPS BACHELORS

Instructions:

1. Attach a copy of the KCSE Result Slip, Admission Letter and weighted cluster points downloaded from the KUCCPS Student's Portal;
2. The Form MUST be signed by both the releasing and Receiving School/ Directorate/Campus; and

Name: Registration No.:

KCSE Index Number: KCSE Year: KUCCPS Password

Year of study: Semester:

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

Releasing School

Programme requirements (CUK Programme Cut Off Points):

Student's qualifications (Weighted Cluster Points):

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

If not recommended, Remarks:

Receiving School

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

If not recommended, Remarks:

Registrar (Academic Affairs)

Course Transfer Approved/ Not Approved: Sign & Stamp Date.....



CUK is ISO 9001: 2015 Certified