Prepared by: Registrar, AA



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)

Ins	structions			
1.	To be filled on the Registration D			
2.	To be countersigned and stamped	at every Registration	Stage	
A)	STUDENT DETAILS			Date:
Stu	dent Name:		Admissio	on No.:
Mo	bile Number:	Email		
Sch	nool:	Prog	ramme of Study:	
Inc	licate whether (a) Resident	(b) Non-resident:		
Sig	nature:	Date:		
ST	AGE I: PRESENTATION, VE	RIFICATION & SU	BMISSION OF	CERTIFICATES AND JOINING
	<u>INSTRUCTIONS</u>			
1) 2) 3) 4) 5)	quired Documents Admission Letter; Original and Photocopy KCSE/E Original and Photocopy National 2 Passport Size Photographs; Submission of All the Joining Inst	ID/Birth Certificate;		lt Slip/Transcripts
Na	me of Verifying Officer	Sign &	Stamp	Date
ST	AGE II: <u>PRESENTATION, VI</u> <u>DOCUMENTS</u>	ERIFICATION & S	<u>UBMISSION O</u>	F MEDICAL EXAMINATION
Na	me of Verifying Officer	Sign &	Stamp	Date
ST	AGE III: ROOM ALLOCAT	<u>ION</u>		
На	ll and Room No. Allocated			
Na	me of Allocating Officer		Si	gnature
Sta	mp		Date	

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		<u>5</u>	<u>TUDENT'S DATA SHE</u>	<u>EI</u>
1.	Full N	Name: Surname	First Name	Other Names
2. I	KCSE	Index Number		
3.	Unive	ersity Admission Number:		
1.	Date	of Birth: Day:	Month:	Year:
5.	Gend	ler: Male/Female:	Marit	tal Status:
5.	Natio	onality:	County of Bi	irth:
7.	Natio	onal Identity Card No	Passp	oort No.
3.	Conta	act Address:		
	Mobi	le Phone Number:	E-ma	uil:
).	Namo	e of persons who can be con	ntacted in case of emergenc	су:
	(i)	Name:	Relationship	
		Mobile phone Number:	E-mail Addı	ress:
	(ii)	Name:	Relationship	
		Mobile phone Number:	E-mail Addı	ress:
10.	Do yo	ou have any form of physica	al disability? Yes [No
	If yes	indicate the form of disabil	ity	
11.	I cert	ify that the Information I ha	ave provided is correct.	
	Signa	ture:	Date:	

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

Prepared by: Registrar, AA



THE CO-OPERATIVE UNIVERSITY OF KENYA

	EPTANCE OF OFFER OF ADMI		
	tion: To be completed by those ACCEPTI		of registration
Name:			
	(Surname)	(Other Names)	
Reg. No	O	X7	
K.C.S.E	E. Index No.	Year	
DNO.	/Birth Certificate Number/Passport No been notified of my admission/re- admission	to the Co country University of Very to	paymon a governo londina to the
Degree	/ Diploma/Certificate of	do hereby bind myself so	lemply and undertake to comply
with the	e following conditions:	do hereby blild mysen so.	iemmy and undertake to compr
	That I will diligently apply myself to my pro- relevant rules.	escribed course of study within the Uni	versity in accordance with the
2.	That I undertake to attend all scheduled l activities that will be required of me by Unive		
3.	That I acknowledge and duly submit myself and Regulations Governing the Conduct of		
	a) Bind myself to refrain from engaging interest of the University and other studies.		eemed to be prejudicial to the
	b) I will abstain from inciting, obstruct lectures; or obstructing a member of the		
	C) Undertake not to convene or join any and activities or in any way to be a part the University.		
	d) Undertake at all times to conduct mysel permit anyone to influence me to come		
	e) Undertake to conduct myself at all time and socially acceptable manner which u	es, within and outside the precincts of t	the University, in a responsible
4.	That I bind myself by this instrument ful conditions or should I in any way condumembers of University or members of the pand regulations.	ct myself in a manner prejudicial to t	he University, other students,
DATE	D THIS	DAY OF	20
SIGNI	E D		
Witnes	stotheabovesignature		Parent/Guardian

Revision: 01



NON-ACCEPTANCE OF OFFER OF ADMISSION FORM

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

Nam	e:(Surname)	(Other Names)
Reg. l K.C.S	No. S.E. Index No.	Year
IDN	o./Birth Certificate Number/Passport No	
havin	ng been notified of my admission/re- admission	to the Co-operative University of Kenya to pursue a course leading to th
Bache	elor/ Diploma/Certificate of	
do h	ereby confirm that I WILL NOT BE TA	KING UP the offer because of the following reasons:
(Tick	x 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/Universit	ty
6.	Any other reasons:	
ADN	MISSION NO.	
SIG	NATURE	DATE



CUK/ASR/FORM12



THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT ENTRANCE MEDICAL EXAMINATION FORM

STUDENT NAME:		REG. NO.	
IMPORTANT:			
It is a requirement by the University that Part 1 of this form. Thereafter he/she	must complete Part I e examining doctor wh	II with assistance of a qualified and regist no will thereafter print on the form his full n	
The completed form must be returned Acceptance., on or before the date of reg		Academic Affairs) together with the lette	er of
<u>PART 1:</u>			
Surname:	Other Names:		
Gender: Date of Birth:	Pla	nce of Birth	
Nationality:	Marital Status	No. of Children	
Name of Parent/Guardian/Next o:			
Postal Address:			
1 (, , , , , , , , , , , , , , , , , ,			
PART II: (To be completed by the stude	ent with the help of a c	doctor / parent / guardian where necessary	y)
Have you ever been admitted into hospita	17		
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			Kidney disease / bladder		
over two weeks			problems		

Do you/Does anyone in your fall If yes, please elaborate	•				
Vaccination history:	Yes	No	Vaccination history:	Yes	No
Poliomyelitis			Tetanus		
Hepatitis. A			Hepatitis. B		

BCG

PART III:

Prepared by: Registrar, AA

Meningitis

RESPIRATORY SYSTEM:

Clinical findings		Res	spiratory rate	
Percussion		Auscultation	n	
ALIMENTARY SYST	EM:			
Teeth	Tongu	e	Abdomen	
GENITO-URINARY	Y SYSTEM:			
Urethra discharge		L.M.P	Uterus	
Urine	S.G	Albumin		Sugar
Deposit				

Revision Date: August 2021

COMMENTS BY THE EXAMINING DOCTOR

Doctor's Name (Printed) Signature and Stamp Date

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.



STUDENT REGULATIONS DECLARATION FORM

I R	.eg. No	in the
School/Institute of		Hereby
declare that I have read and understood the Regulation	s Governing the conduct and Discipline of Stud	dents at
The Co-operative University of Kenya. I further PRO	MISE TO ABIDE by the regulations Govern	ning the
conduct and Discipline of the students of The Co-oper	ative University of Kenya.	
Student's Name		
Registration No.		
I.D./Passport/Birth Certificate No.		
Course Admitted To		
Signature:		
Date:		



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 ma
appear on the University website, newsletters, print/social/digital media platforms and other printed material
produced for promotional purposes including brochures, leaflets, posters, adverts, banners and other material
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:



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. <u>STUDENT LOAN/BURSARY SCHEME</u>

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.

Revision Date: March 2020