



# THE CO-OPERATIVE UNIVERSITY OF KENYA

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

Website: [www.cuk.ac.ke](http://www.cuk.ac.ke) EMAIL: [admissions@cuk.ac.ke](mailto:admissions@cuk.ac.ke)

## OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

### STUDENT REGISTRATION CHECKLIST/FORM (NEWLY ADMITTED STUDENTS)

#### Instructions

- To be filled on the Registration Day
- To be countersigned and stamped at every Registration Stage

#### **A) STUDENT DETAILS**

Date: .....

Student Name: ..... Admission No. : .....

Mobile Number: ..... Email.....

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**

- Admission Letter;
- Original and Photocopy KCSE/Diploma/Degree Certificates and /Result Slip/Transcripts
- Original and Photocopy National ID/Birth Certificate;
- 2 Passport Size Photographs;
- 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



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### 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 of Birth: .....
7. National Identity Card No.....Passport No. ....
8. Contact Address: .....
- Mobile Phone Number:.....E-mail: .....
9. Name of persons who can be contacted in case of emergency:
  - (i) Name:.....Relationship .....
  - Mobile phone Number: ..... E-mail Address:.....
  - (ii) Name:.....Relationship .....
  - Mobile phone Number: ..... E-mail Address:.....
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.**



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**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.....



**COMMENTS BY THE EXAMINING DOCTOR**

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

Doctor’s Name (Printed).....SignatureandStamp.....

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

### 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

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### 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: .....





## 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](http://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.

