



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 in duplicates on the Registration Day
2. To be countersigned and stamped at every Registration Stage

SECTION A: STUDENT DETAILS (TO BE COMPLETED BY THE STUDENT)

Student Name: Admission No:

Programme Admitted To: Year of Study:

Tel No.: E-Mail Address:

Signature: Date:

STAGE I: PRESENTATION AND VERIFICATION OF DOCUMENTS *(To be Filled by the Verifying Officer)*

NO	DOCUMENT NAME	REMARKS
1.	Admission Letter	
2.	Original and copy of National ID Card/Birth Certificate/Passport	
3.	Original and Photocopy KCSE/Diploma/Degree Certificates and Result Slip/Transcripts	
4.	2 Passport Size Photographs	
5.	Submission of All the Joining Instruction and documents	
6.	Medical Examination Documents	

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

STAGE II: ROOM ALLOCATION

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

Hall and Room No. Allocated

Name of Allocating Officer: Sign & Stamp..... Date.....

Note: *A copy of this form must be retained by the Admissions Officer.*



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



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

3. University Admission Number:

4. KCSE Index Number:

5. Former High School:

6. Date of Birth: Day: Month: Year:

7. Gender: Male/Female: Marital Status:

8. Nationality: County:

9. National Identity No./Passport No./Birth Cert No.:

10. Contact Address:

Mobile Phone Number: E-mail:

11. Name of persons who can be contacted in case of emergency:

i) Name:

Relationship Physical Address:

Mobile Phone Number: E-mail:

ii) Name:

Relationship Physical Address:

Mobile Phone Number: E-mail:

12. Do you have any form of impairment? Yes No

If yes indicate the form of impairment

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.



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

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 certificatenumber
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)



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

Prepared by: Registrar, AA

Revision: 02

Revision Date: June 2022

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



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.



EMERGENCY MEDICAL OPERATIONS FORM

Name of Student:

Registration No:

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.

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 it has proved impossible to contact me on time.

Parent/ Guardian's Name: Relationship:

Contact Address:

Email Address: Telephone No:

Signature of Parent/Guardian: Date:





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.

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: Relationship:

Postal Address

Email Address Telephone No:

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.:

Tel. Contact:

Email Address:

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.:

Tel Contact: Email Address:

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*) *Compionate*

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.



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

REQUIREMENTS FOR STUDENTS TAKING COURSES IN CATERING & HOSPITALITY MANAGEMENT AND HOUSEKEEPING AND ACCOMMODATION 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 Foscett
2. Food and Beverage Service by Dennis Lillicrap
3. The Theory of Hospitality and Catering by David Foscett
4. Hotel, Hostel and Hospital Housekeeping by Loan Branson



CUK is ISO 9001: 2015 Certified