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

CUK/ASR/FORM 02

CO-OPERATIVE UNIVERSITY OF KENYA

Website: www.cuk.ac.ke Email: admissions@cuk.ac.ke; Tel: 0724311606

OFFICE OF THE REGISTRAR (ACDRI)

APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

Applicant's Personal Details

1. Applicant's Name (in full): .....

   (Surname) (First Name) (Other Names)

   Mobile Phone Number: ..... E-mail: .....

   Contact Address: .....

   Date of Birth: ..... Gender: .....Marital Status: ..... Religion: .....

   Nationality: ..... National ID/Passport/Birth Certificate No.: .....

2. Name of Next of Kin: ..... Relationship: .....

   Telephone Number: ..... E-mail: .....

   Contact Address: .....

3. Do you have any form of disability? YES/NO: .....

   If yes, indicate the nature of disability: .....

   If registered with NCPWD, indicate NCPWD Registration Number: .....

Programme Application Details

1. Name of Programme applied for: .....

   .....

2. Programme Level Masters ☐ PhD ☐
3. Field of study/Specialization: .....
4. Mode of study (Tick appropriate): Full time ☐ Par-Time/Evening ☐
5. Preferred Campus: Main Campus ☐ Nairobi CBD Centre ☐
6. Research institute where you will undertake your work if not at the University: .....
7. Indicate how you intend to finance your studies: .....
8. Preferred Date of Commencement: January ☐ May ☐ September ☐

Institutions Attended and Qualifications Obtained

Institutions Attended	Qualifications	Year of Completion	Grade Obtained
a) Academic			

THE CO-OPERATIVE UNIVERSITY OF KENYA
REGISTRAR ACDRI
P.O. Box 24814-00502 KAREN, KENYA

Institutions Attended	Qualifications	Year of Completion	Grade Obtained
b) Professional			

NB. *Attach copies of certificates and academic transcripts*

Applicant's Work/Research Experience (Where applicable)

Occupation	Organization	Date

Name and Address of two (2) Academic Referees.

Name	Address

Have you previously studied at The Co-operative University of Kenya? Yes ☐ No ☐

If yes, indicate you're the Programme, Registration Number and Year of Graduation

Programme: .....

Reg. No: ..... Year of Graduation: .....

How did you learn about The Co-operative University of Kenya (CUK)?

Newspaper	☐	CUK Student	☐	Twitter	☐	CUK Website	☐
TV	☐	CUK Staff	☐	Facebook	☐	Exhibition	☐
Radio	☐	School Teacher	☐	Instagram	☐	College/High School Fair	☐

Others (Specify): .....

If you were referred by a staff member or a current/former student, please provide their name and contact details:

Name: ..... Contact: .....

THE CO-OPERATIVE UNIVERSITY OF KENYA
REGISTRAR
ACDRI
P.O. Box 24814-00502 KAREN, KENYA

Applicant's Declaration

I hereby declare that, to the best of my knowledge, the information I have provided is correct.

Name: ..... Signature: ..... ID No. .....

For Official Use only

Application fee paid Kes.: .....

Official Receipt No:..... Date and Official Stamp: .....

Remarks, if any: .....

Application: Approved ( ) Rejected ( ) Deferred ( )

Intake: January ( ); May ( ); September ( )

INSTRUCTIONS:

1. Completed application forms should be submitted to:
   The Admissions Office
   The Co-operative University of Kenya,
   P O Box 24814 – 00502
   Email: admissions@cuk.ac.ke
   KAREN – NAIROBI, KENYA

2. Attach the following documents:
   a) Copies of all certificates and result slips from previous academic levels.
   b) A copy of your National Identity Card or Birth Certificate.
   c) One (1) passport-sized photograph.
   d) The original copy of the fee deposit slip for the non-refundable application fee—Kshs. 2,000 for a Master's program and Kshs. 3,000 for a PhD program. (*Payment must be made via bank deposit at any* ***Co-operative Bank of Kenya, Account No. 01129062663600*** *(Karen Branch, Nairobi), using* ***Admission No. APP001***).

3. Completed application forms should be scanned and emailed to **admissions@cuk.ac.ke**

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