CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 0724311606 Website: www.cuk.ac.ke Email: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACDRI)

REQUEST FOR DEFERMENT OF STUDIES (*NEW STUDENTS*)

Name: ..... Reg. No: .....

Campus: .....

Programme: .....

Year of Study: ..... Semester: .....

Email Address: .....Tel: .....

Date: .....

Specify duration: .....

Give reasons for your request (*Tick appropriately*)**:**

☐ Financial ☐ Medical (*Attach medical documents*) ☐ Compassionate

☐ Others *(Specify)*: .....

.....

Student's Signature ..... **Date** .....

Registrar (ACDRI) Approval

Approved ☐ Not approved ☐

....

Signature and Official Stamp **Date**

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