CO-OPERATIVE UNIVERSITY OF KENYA

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

OFFICE OF THE REGISTRAR (ACDRI)

REQUEST FOR RE-ADMISSION/RE-REGISTRATION

A. Student Details

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

Campus: ..... Programme: .....

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

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

Date: .....

B. I hereby request *(tick relevant one and specify the period in the space provided)*

1. Re-admission ☐
2. Re-registration ☐

Specify duration you have been away: .....

C. Reasons for having been away (*Tick appropriately*)**:**

☐ Financial ☐ Medical (*Attach medical documents*) ☐ Compassionate
☐ Examination Irregularity ☐ Discipline
☐ Others *(Specify)* .....

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

For Official Use Only

D. For De-registered Students

Payment of Re-registration Fees (Ksh. 1000)

Finance Officer Signature and Official Stamp: ..... Date .....

D. Dean/Director Approval

Re-admission/Re-registration Approved/ Not Approved Sign & Stamp: ..... Date.....

State the level at which Student should be re-admitted/re-registered: .....

Other Remarks: .....

.....

E. Registrar (ACDRI) Approval

Re-admission/Re-registration Approved/ Not Approved Sign & Stamp: ..... Date.....

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