



**THE CO-OPERATIVE UNIVERSITY OF KENYA**

**P. O. Box 24814-00502, KAREN, NAIROBI.**

**Telephone:** 8891401, 020-2430127, 020-2679456, 0724311606,

**E-mail:** [admissions@cuk.ac.ke](mailto:admissions@cuk.ac.ke)

**Website:** [www.cuk.ac.ke](http://www.cuk.ac.ke)

**COURSE ACCEPTANCE DECLARATION**

I hereby undertake to complete the course for which I have been accepted at The Co-operative University of Kenya unless I am requested to discontinue by the University Authorities.

I understand that change of Faculty or Department will be permitted only by approval of the University Senate.

I accept the regulations made from time to time for the good order and governance of the University, lawfully made by the Vice Chancellor and other duly appointed officers of the University.

Student's Name .....

Signature .....

Date .....

Name (Parent/Guardian) .....

Signature .....

Date .....

