



THE CO-OPERATIVE UNIVERSITY OF KENYA
 P.O. BOX 24824-00502, KAREN-NAIROBI
 TELEPHONE:(020)2430127
OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS
 Website: www.cuk.ac.ke, Email: registrar-aa@cuk.ac.ke

DECLARATION OF INTENT TO GRADUATE

INSTRUCTIONS

- Fill Section 1 of this form and obtain all verification and clearances.
- It is your responsibility to ensure that all requirements have been met.
- This form should be submitted to your respective department.
- Kindly note that your name will appear in your certificate as registered in this form.

SECTION ONE: Student Declaration

Order of Name.....	Reg. No.....
Programme.....	Mobile No.....
Department.....	Email address.....
School/Campus.....	ID No.....
Date enrolled.....	Address.....
Date of intended graduation.....	
I declare that I have met all the requirements for graduation from the above mentioned programme and wish to graduate at The Co-operative University of Kenya on 6th December 2019 .	
Signature.....	Date.....

SECTION TWO: Verification of academic qualifications by the department

Units required.....	
Semesters covered.....	
Units covered.....	
Credits transferred.....	
Units covered.....	
Units remaining.....	
Intended semester to clear the remaining units.....	
Academic requirements have been met	
Signature.....	Date.....
HOD.....	Date.....
Dean, School.....	Date.....
Approved.....	Date.....
Registrar, AA	

