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passport size photo  
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(Not photo me)



**CO-OPERATIVE UNIVERSITY OF KENYA**  
Website: [www.cuk.ac.ke](http://www.cuk.ac.ke) EMAIL: [registrar-aa@cuk.ac.ke](mailto:registrar-aa@cuk.ac.ke) or [admission@cuk.ac.ke](mailto:admission@cuk.ac.ke)  
**OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

**APPLICATION FOR ADMISSION INTO BACHELOR/DIPLOMA/CERTIFICATE  
PROGRAMMES (SELF-SPONSORED)**

**NOTE:**

- The form should be completed in BLOCK LETTERS and returned to:  
***Registrar (Academic Affairs)***  
***The Co-operative University of Kenya,***  
***P O Box 24814 – 00502***  
***KAREN – NAIROBI, KENYA***
- Attach (a) Original copy of the fee deposit slip for the payment of a non-refundable application fee of Kshs. 1,500 (Degree), KShs. 500 (Diploma and Certificate), (b) Copies of Result Slips and/or Certificates; (c) Copy of National Identity Card/ Birth Certificate, and (d) One (1) passport photographs
- In case you were referred by a Staff member or student (current/former) state his/her name and contact Name: ..... Contact: .....

**SECTION A: Course Application Details**

- Name of Degree/Diploma/Certificate applied for: .....
- Date of Commencement: .....
- Mode of study (Tick appropriate): Full time  Par-Time  eLearning
- Preferred Campus:  Main Campus  Nairobi CBD Campus

**SECTION B: Applicant’s Personal Details**

- Name (in full): .....  
(Surname) (First Name) (Other Names)  
Postal Address: ..... Postal Code: ..... Town/City: .....  
Telephone Number: ..... E-mail: .....  
Date of Birth: ..... Gender: ..... Marital Status: ..... Religion: .....  
Nationality: ..... National ID No.: ..... Passport No.: .....
- Name of Next of Kin: ..... Relationship: .....  
Postal Address: ..... Postal Code: ..... Town/City: .....  
Telephone Number: ..... E-mail: .....
- Emergency Contact (Name, if different from the above): .....



Postal Address: ..... Postal Code: ..... Town/City: .....  
 Telephone Number: ..... E-mail: .....

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

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

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

**SECTION C: Institutions Attended and Qualifications Obtained**

Institutions Attended	Qualifications	Year of Completion	Grade Obtained
Academic			
Professional			

**NB.** Attach copies of certificates and academic transcripts

**SECTION D: Applicant’s Work/research experience (Where applicable)**

Occupation	Organization	Date

**SECTION D: Applicant’s Declaration**

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

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

***For Official Use only***

Application fee paid Kshs.....

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

Application: Approved ( ) Rejected ( ) Deferred ( ). Intake: January ( ); May ( ); September ( ).

Remarks, if any: .....

