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CO-OPERATIVE UNIVERSITY OF KENYA
 Website: www.cuk.ac.ke EMAIL: registrar-aa@cuk.ac.ke or admission@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)
APPLICATION FOR ADMISSION INTO POSTGRADUATE STUDIES

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
- Must Attach (a) Original copy of the fee deposit slip for the payment of a non-refundable application fee of Kshs. 2000 (b) Copies of Professional and Academic Certificates and Transcripts; (c) Copy of National Identity Card/ Birth Certificate, (d) appointment letter (if employed) and (e) 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 postgraduate course applied for:
- Field of study/Specialization:
- Department: School:
- Mode of study (Tick appropriate): Full time Par-Time eLearning
- Preferred Campus: Main Campus Nairobi CBD Campus
- Research institute where you will undertake your work if not at the university:
- Indicate how you intend to finance your studies:
- Name and Address of two (2) Academic Referees.

Name	Address

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.:



2. Name of Next of Kin: Relationship:
 Postal Address: Postal Code: Town/City:
 Telephone Number: E-mail:

3. 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:

