



THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-2430127/2679456 Fax: 020-2470638

INTER-UNIVERSITY TRANSFER REQUEST FORM

- a) Name of applicant.....
 Address.....
 Telephone.....Email address.....
- b) University Placed.....
 Programme Placed.....
- c) Programme Applied for
- d) CUK minimum cluster requirements for the programme.....

Applicant's cluster points.....

Applicant has met the requirement: Yes No

d) Availability of vacancy in the School: Available Not available

e) Transfer recommended Yes No

Registrar (AA)..... Date.....

Sign

Approved by DVC (AA)..... Date.....

Sign

