



THE CO-OPERATIVE UNIVERSITY OF KENYA
P. O. BOX 24814-00502. KAREN. TELEPHONE: (020)-2430127/2679456/8891401

CHANGE OF COURSE REQUEST FORM – KUCCPS BACHELORS

Instructions: (*Attach a copy of the KCSE Result Slip, Admission Letter and weighted cluster points downloaded from the KUCCPS Student's Portal*)

Name: Registration No.:
Year of study: Semester:
Current School: Current Programme:
Telephone:

Request for Inter Faculty/Inter Department Transfer to:

New School:
New Programme:
Reason(s).....
.....
.....

Student signature Date

For Official Purpose only

Releasing School

Programme requirements (Cluster Points):
Student's qualifications (Cluster Points):
Recommended/Not Recommended: Dean/Director Sign & Stamp Date.....
If not recommended, Remarks:
.....

Receiving School

Recommended/Not Recommended: Dean/Director Sign & Stamp Date.....
If not recommended, Remarks:

Registrar (Academic Affairs)

Course Transfer Approved/ Not Approved: Sign & Stamp Date.....



CUK is ISO 9001: 2015 Certified