



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

**CHANGE OF CAMPUS REQUEST FORM**

**NB.** *Students MUST clear with the Campus they are transferring from.*

Name: ..... Registration No.: .....

Year of study: ..... Semester: .....

Current School: ..... Current Programme: .....

Telephone: .....

**Request for Inter Faculty/Inter Department Transfer to:**

New Campus: .....

Reason(s).....

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Student signature ..... Date .....

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**For Official Purpose only**

***Releasing Campus***

Recommended/Not Recommended: Dean/Director Sign & Stamp ..... Date.....

If not recommended, Remarks: .....

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***Receiving Campus***

Recommended/Not Recommended: Dean/Director Sign & Stamp ..... Date.....

If not recommended, Remarks: .....

***Registrar (Academic Affairs)***

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



CUK is ISO 9001: 2015 Certified