



THE CO-OPERATIVE UNIVERSITY OF KENYA
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CHANGE OF MODE OF STUDY REQUEST FORM

Name: Registration No.:

Year of study: Semester:

Current mode of Study: Programme:

Telephone: Email:

Request for Change of Mode of Study:

New Mode of study:

Reason(s).....

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Student signature Date

For Official Purpose only

Releasing School/Directorate/Campus

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

If not recommended, Remarks:

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Receiving School/Directorate/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