



**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:**

1. Attach a copy of the KCSE Result Slip, Admission Letter and weighted cluster points downloaded from the KUCCPS Student’s Portal;
2. The Form MUST be signed by both the releasing and Receiving School/ Directorate/ Campus; and
3. Indicate KUCCPS login credentials at the back of the form

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

**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 (Programme Cut Off Points): .....  
 Student’s qualifications (Weighted 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