



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

Note: *The Form MUST be signed by both the releasing and Receiving School/ Directorate/ Campus*

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) for changing the mode of study:
.....
.....
.....

Student Signature Date

For Official Purpose Only

Releasing School/Directorate/Campus

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

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