



THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-/2679456 Fax: 020-2470638

Website: www.cuk.ac.ke EMAIL: admissions@cuk.ac.ke

OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

JOINING INSTRUCTIONS FOR NEW STUDENTS (POSTGRADUATES)

1) ARRIVAL AND REGISTRATION

First year students are expected to report and register on the dates indicated in the admission letters.

NOTE: The Co-operative University of Kenya is located at the end of **Ushirika Road off Lang'ata South Road** after Bomas of Kenya. Approximately 18 KM from the City Center. The University can be reached by taking a matatu route No. 24 from the Bus Station terminus, Nairobi city. Further directions can be obtained through the following telephone number; **0724 311606**

2) STUDENT REGISTRATION CHECKLIST/FORM - NEWLY ADMITTED STUDENTS (CUK/ASR/FORM15)

All new students reporting for the first time must complete the Student Registration Checklist on the registration day. The form must be countersigned and stamped at every registration stage.

3) STUDENT'S DATA SHEET (CUK/ASR/FORM20)

You are required to fill and submit ONE COPY of the Student data sheet on the day of registration. Ensure that you have provided all the details accurately. You should also submit **TWO PASSPORT SIZE PHOTOGRAPHS** (Coloured) together with form. Please ensure that you have written your name and registration/Admission number at the back of each photograph.

4) ACCEPTANCE OF OFFER OF ADMISSION/RE-ADMISSION/STUDENTSHIP (CUK/ASR/FORM09)

All candidates accepting the offer of admission must undertake to complete the programme of study that they have been admitted to. If you accept the offer of admission, then you must fill Form (CUK/ASR/FORM09) and return a signed copy to the University on the day of registration.

5) NON-ACCEPTANCE OF OFFER OF ADMISSION (CUK/ASR/FORM10)

If you do not accept the offer of admission, kindly complete Course Non-Acceptance Declaration Form and return to the University immediately.

6) STUDENT ENTRANCE MEDICAL EXAMINATION FORM (CUK/ASR/FORM12)

i. **Admission to the University:** This is conditional upon satisfactory medical report being received.

Students are therefore required to undergo a medical examination by a recognized medical practitioner before coming to the University. The Doctor who examines the student is requested to complete and enclose in a sealed envelope addressed to the **Medical Officer, The Co-operative University of Kenya P. O. Box 24814-00502, KAREN, NAIROBI**. The student is required to bring the report along with him/her on the day of registration. This form should not be sent by Post Office.

ii. **Medical attention at the University:** The University provides outpatient medical treatment to registered students at the University Dispensary. However, parents, guardians and students are



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advised to be prepared to cater for expenses for medical treatment which is not covered by the University Dispensary including hospitalization.

- iii. **Dental and Optical Treatment:** The University does not provide dental or optical treatment. Students are required to make their own arrangements to meet the expenses for such treatment.

7) CONSENT FOR EMERGENCY MEDICAL OPERATION (CUK/ASR/FORM13)

Parents (or guardians) of all students are required to sign the consent form for emergency medical attention

8) STUDENT REGULATIONS DECLARATION (CUK/DOS/SRG01)

Every student must sign the Students Regulation declaration at the end of the document containing the rules and regulations governing the conduct and discipline of students signifying that they understand the contents and that the student is ready to uphold discipline and conduct during his/her studentship as stipulated in the Rules and Regulations Governing the Conduct and Discipline of Students at the Co-operative University of Kenya. The signed declaration must be submitted during registration.

9) FEES PAYMENT, LOANS/BURSARIES SCHEME (CUK/ASR/FORM15)

Students are advised to familiarize themselves with information provided in **FEES STRUCTURES** regarding fees, loans and bursaries, and to make the necessary arrangements with financing institutions before reporting to the University in case one is in need of financial support.

10) RULES AND REGULATIONS GOVERNING THE CONDUCT AND DISCIPLINE OF STUDENTS (CUK/DOS/SRG01)

All students are expected to read and understand the Rules and Regulations Governing the Conduct and Discipline of Students and are expected to adhere to the same as stipulated in the rules and regulations governing the conduct and discipline of students at the Co-operative University of Kenya.

11) MEDIA USE CONSENT FORM (CUK/PRO/FORM01)

Students commit to having photographs and videos of students' activities and initiatives while in session to be used for the University's digital media promotional materials or otherwise.

NOTE: Students are advised to print the FORMS referred to in the joining instructions as SEPARATE documents as guided by the form number and page numbers on the forms.





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STUDENT REGISTRATION CHECKLIST / FORM (NEWLY ADMITTED STUDENTS)

Instructions

1. To be filled on the Registration Day
2. To be countersigned and stamped at every Registration Stage

A) STUDENT DETAILS

Date:

Student Name: Admission No. :

Mobile Number: Email.....

School: Programme of Study:

Indicate whether (a) Resident (b) Non-resident:

Signature: Date:

STAGE I: PRESENTATION, VERIFICATION & SUBMISSION OF CERTIFICATES AND JOINING INSTRUCTIONS

Required Documents

- 1) Admission Letter;
- 2) Original and Photocopy KCSE/Diploma/Degree Certificates and /Result Slip/Transcripts
- 3) Original and Photocopy National ID/Birth Certificate;
- 4) 2 Passport Size Photographs;
- 5) Submission of All the Joining Instruction and documents

Name of Verifying Officer Sign & Stamp..... Date.....

STAGE II: PRESENTATION, VERIFICATION & SUBMISSION OF MEDICAL EXAMINATION DOCUMENTS

Name of Verifying Officer Sign & Stamp..... Date.....

STAGE III: ROOM ALLOCATION

Hall and Room No. Allocated

Name of Allocating Officer Signature

Stamp Date



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STUDENT'S DATA SHEET

1. Full Name:
Surname First Name Other Names

2. KCSE Index Number.....

3. University Admission Number:

4. Date of Birth: Day:.....Month:.....Year:

5. Gender: Male/Female:.....Marital Status:

6. Nationality:.....County of Birth:

7. National Identity Card No.....Passport No.

8. Contact Address:

Mobile Phone Number:.....E-mail:

9. Name of persons who can be contacted in case of emergency:

(i) Name:.....Relationship

Mobile phone Number: E-mail Address:.....

(ii) Name:.....Relationship

Mobile phone Number: E-mail Address:.....

10. Do you have any form of physical disability? Yes No

If yes indicate the form of disability

11. I certify that the Information I have provided is correct.

Signature:.....Date:

NB: This form should be returned together with other forms on the reporting date.



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NON-ACCEPTANCE OF OFFER OF ADMISSION FORM

Instruction: To be completed by those **NOT ACCEPTING** the offer

Name:
(Surname) (Other Names)

Reg. No.
K.C.S.E. Index No. Year

ID No./Birth Certificate Number/Passport No.
having been notified of my admission/re- admission to the Co-operative University of Kenya to pursue a course leading to the Bachelor/ Diploma/Certificate of

do hereby confirm that **I WILL NOT BE TAKING UP** the offer because of the following reasons:

(Tick where applicable)

1.	Family issues	
2.	Health related issues	
3.	I have been offered a Scholarship	
4.	I have taken on employment	
5.	I have joined another College/University	
6.	Any other reasons: _____ _____	

ADMISSION NO.

SIGNATURE DATE





THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT ENTRANCE MEDICAL EXAMINATION FORM

STUDENT NAME:.....REG. NO.

IMPORTANT:

It is a requirement by the University that all the students joining the University must complete Part 1 of this form. Thereafter he/she must complete Part II with assistance of a qualified and registered medical doctor. Part III will be filled by the examining doctor who will thereafter print on the form his full name and Medical Practitioners' and Dentists Board Registration Number.

The completed form must be returned to the Registrar (Academic Affairs) together with the letter of Acceptance., on or before the date of registration.

PART 1:

Surname:.....Other Names:.....

Gender:.....Date of Birth:.....Place of Birth

Nationality:.....Marital Status.....No. of Children.....

Name of Parent/Guardian/Next o:

Postal Address:

Telephone No. (Parent/Guardian):

PART II: (To be completed by the student with the help of a doctor / parent / guardian where necessary)

Have you ever been admitted into hospital?

If so, when and for what illness?



Have you ever suffered from any of the following?

Condition/ailment	Yes	No	Condition/ailment	Yes	No
Allergies			Thyroid disease		
Anaemia/unexplained syncope			High blood pressure/stroke		
Asthma/epilepsy/diabetes			Jaundice/Hepatitis		
Mental illness			Peptic Ulcer		
Severe headaches			Bilharzia		
Surgeries/back problems			Chest pain/heart disease		
Thyroid disease			Diabetes mellitus		
Tuberculosis/persistent cough for over two weeks			Kidney disease / bladder problems		

Do you/Does anyone in your family have an existing medical condition? Yes/No.

If yes, please elaborate.....

Vaccination history:	Yes	No	Vaccination history:	Yes	No
Poliomyelitis			Tetanus		
Hepatitis. A			Hepatitis. B		
Meningitis			BCG		

PART III:

RESPIRATORY SYSTEM:

Clinical findings.....Respiratory rate

Percussion.....Auscultation

ALIMENTARY SYSTEM:

Teeth.....Tongue.....Abdomen.....

GENITO-URINARY SYSTEM:

Urethra discharge.....L.M.P.....Uterus

Urine.....S.G.....Albumin.....Sugar.....

Deposit



COMMENTS BY THE EXAMINING DOCTOR

.....
.....
.....

Doctor’s Name (Printed)..... Signature and Stamp.....

Medical Practitioners & Dentists Board Reg. No..... Date

PART IV:

COMMENTS BY THE UNIVERSITY MEDICAL OFFICER

Remarks

Does the student require any special medical needs?

NAME..... **SIGNATURE:**..... **DATE**

IMPORTANT NOTE:

Any student seeking medical services at the University’s Dispensary **MUST** identify himself/herself using a Students’ Identification Card.

All students are eligible for outpatient services at University’s Dispensary. Such services shall be provided only when the students are in session. Those requiring hospitalization or specialized care including dental and optical services will be referred and the cost of hospitalization and such specialized treatment or privately sourced medical services will be borne by the student or parent/guardian. Parents/guardians are encouraged to secure NHIF or any other appropriate medical cover for the children.





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STUDENT REGULATIONS DECLARATION FORM

I Reg. No..... in the
School/Institute of Hereby
declare that I have read and understood the Regulations Governing the conduct and Discipline of Students at
The Co-operative University of Kenya. I further **PROMISE TO ABIDE** by the regulations Governing the
conduct and Discipline of the students of The Co-operative University of Kenya.

Student's Name.....

Registration No.....

I.D./Passport/Birth Certificate No.....

Course Admitted To.....

Signature:.....

Date:.....





THE CO-OPERATIVE UNIVERSITY OF KENYA

MEDIA USE CONSENT FORM

Student's Name:

Registration No.:

I.D./Passport/Birth Certificate No.:

Course Admitted To:.....

The University shall from time to time take photographs, films and videos of students and staff activities while in session as a record of the day to day activities and operations. Such photographs, videos and/or films may appear on the University website, newsletters, print/social/digital media platforms and other printed materials produced for promotional purposes including brochures, leaflets, posters, adverts, banners and other materials sent out to the print/social/digital media or in reports to funding bodies for educational and research purposes. Copyright of the media contents taken will remain with The Co-operative University of Kenya.

Signature: Date:





THE CO-OPERATIVE UNIVERSITY OF KENYA

FEE PAYMENT AND STUDENT LOAN/BURSARY SCHEME

1. FEE PAYMENT METHODS

All payments to the institution are payable as follows:

- i) Deposit at any branch of Co-operative bank **A/C 01129062663600** Karen branch
- ii) M-Pesa Paybill no. **400222** A/C no. **723#admission number**
- iii) Bankers cheque-to be presented to the University cash-office
- iv) Cheques from CDF, County funds, other sponsors to be presented to the University Cash Office accompanied by the forwarding letter from the organisation.

NOTE: The University does not accept CASH PAYMENTS and PERSONAL CHEQUES.

2. STUDENT LOAN/BURSARY SCHEME

Students wishing to apply for the Higher Education Loan/Bursary are required to take note of the application period. Applicants are required to fill in loan/bursary application forms which can be downloaded from the HELB website, new applicant's portal: www.helb.co.ke. The forms can also be obtained from the **Higher Education Loans Board (HELB) offices at Anniversary Towers, University Way, P.O. Box 69489, Nairobi.**

3. ACCOMMODATION FEES PAYMENT

Students who secure accommodation at the University hostels will be required to pay full accommodation fees before room allocation. Payments can be made through MPesa or cash deposit to the University accounts.

NOTE: Download fee structure and refer to the first-year fee structure.

