



THE CO-OPERATIVE UNIVERSITY OF KENYA

P.O BOX 24814-00502, Karen-Nairobi Tel: 020-2430127/2679456 Fax: 020-2470638

INTER-UNIVERSITY TRANSFER REQUEST FORM

- a) Name of applicant.....
 Address.....
 Telephone.....Email address.....
 - b) University Placed.....
 Programme Placed.....
 - c) Programme Applied for
- Applicant’s Signature Date.....

Sign

FOR OFFICIAL USE ONLY

- d) CUK minimum Cut off points requirements for the programme.....

Applicant’s Weighted cluster points

Applicant has met the requirement: Yes No

- e) Availability of vacancy in the School: Available Not available

- f) Transfer recommended by Admissions Office Yes No

Sign and Stamp Date.....

(Admissions Officer)

Approved by Registrar (AA)..... Date.....

Sign/Stamp



CUK is ISO 9001: 2015 Certified