

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

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) <u>ACCEPTANCE OF OFFER OF ADMISSION/RE-ADMISSION/STUDENTSHIP</u> (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.

3) 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.

4) STUDENTS PERSONAL DETAILS (CUK/ASR/FORM11)

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

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

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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.

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

Parents (or guardians) of students who are under 18 years of age are required to sign the consent form for emergency medical attention

7) 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.

8) 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.

9) CATERING AND ACCOMMODATION SERVICES (CUK/ASR/FORM16)

Information on the Catering and Accommodation services offered at the Co-operative University of Kenya is contained in the **CATERING AND ACCOMMONDATION SERVICES INFORMATION** under students' regulations and an excerpt indicated here. All students are expected to familiarize themselves with the information and adhere to them.

NOTE: Application for accommodation will be opened two (2) weeks to the actual reporting date.

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 spelt out 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.

12) ADDITIONAL REQUIREMENTS FOR STUDENTS TAKING HOSPITALITY MANAGEMENT PROGRAMMES (CUK/DEE/FORM10)

Students undertaking Diploma in Catering & Hotel Management and Bachelor of Catering & Hospitality Management shall be required to purchase these additional requirements to facilitate their learning.

13) DEFERMENT FORM (CUK/ASR/FORM08)

Prepared by: Registrar, AA

Students who wish to defer their year of entry once admitted should notify the University by completing the deferment form.

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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Instruction: To be completed by t	R OF ADMISSION/RE-ADMISSION/STUDENTSHIP FORM hose ACCEPTING the offer and submitted on the day of registration
Name:	(Other Names)
(Surname)	(Other Names)
Keg. No.	Year assport No. on/re- admission to the Co-operative University of Kenya to pursue a course
ID No / Rirth Certificate Number / P	assport No
having been notified of my admissi	on/re- admission to the Co-operative University of Kenya to pursue a course
leading to the Degree/ Diploma/Cer	tificate of
teading to the pegree/ piptoma/ eer	tificate of do hereby bind myself solemnly and undertake to
comply with the following condition	ns:
	myself to my prescribed course of study within the University in
2. That I undertake to attend	all scheduled lectures, tutorials, seminars and practicals and all other will be required of me by University authorities during my academic
	aly submit myself to the disciplinary authorities of the University as Regulations Governing the Conduct of students of the University. In
prejudicial to the inter	from engaging in any unlawful activities that may be deemed to be est of the University and other students.
	ting, obstructing or in any manner stopping any other student from ostructing a member of the University from giving lectures or such other
processions, gathering	vene or join any unauthorized and or unlawful demonstrations, and activities or in any way to be a party to any activity deemed order and running of the University.
	to conduct myself in such manner as to uphold the dignity of the permit anyone to influence me to commit any breach of rules, of the University.
	nyself at all times, within and outside the precincts of the University, ocially acceptable manner which upholds the dignity of and public rsity.
the above conditions or s University, other students,	instrument fully conscious that should I be found in breach of any of nould I in any way conduct myself in a manner prejudicial to the members of University or members of the public, I shall be liable for e University rules and regulations.
	DAY OF 20
SIGNED Witness to the above signature	Parent/Guardian

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NON-ACCEPTANCE OF OFFER OF ADMISSION FORM

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

	(Surname)	(Other Names)
Reg. I	No	Year
K.C.S	.E. Index No.	Year
ID No.	./Birth Certificate Number/Passport No)
havin	g been notified of my admission/re- adn	nission to the Co-operative University of Kenya to pursue a
cours	e leading to the Bachelor/ Diploma/Cert	ificate of
do he	ereby confirm that I WILL NOT BE T	AKING UP the offer because of the following
reasc	ons:	
(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/Ur	niversity
6.	Any other reasons:	
ADM	ISSION NO.	
a.a	.==	DATE

Affix one of your current passport size photographs here

Prepared by: Registrar, AA



THE CO-OPERATIVE UNIVERSITY OF KENYA

STUDENT'S PERSONAL DETAILS FORM

Information provided in this form is intended to help the Office of the Registrar (Academic Affairs), understand the student better. It will be used for purposes of improving the student's welfare while at the University.

Instruction: To be completed in capital letters

1.	Name:				
		(Surname)	(First name)	(0	Others)
2.	Gender:	Female		Male	
3.	Identification		n certificate nun	nber	
4.	K.C.S.E. Inde	ex No: (where applic	able)		
5.	Registration	number	/		
6.	Date of birth				**
7.	Religion			National	ity
8.					
	Cell phone N	۱o.		Email address	
9.					
	b) Name and	l address of spouse (if married)		
10.	Full name of	father/guardian	,		
	Telephone			Address	
11.	Full name of	mother/guardian			
	Telephone			Address	
12.	a)Occupatio	n of father/guardiar	١		
	b) Occupation	on of mother			
13.	Full name of	sponsor (where app	licable)		
	Telephone			Address	
14.	Place of birth	(Village/Estate)			
	Sub-location	/Street		Location	
					Chief:
15.	Name of your	r current residence (\	Village/Estate)	·	
	•	`	• ,		



NAME	RELATIONSHIP	ADDRESS & TEL. NO.
	<u> </u>	
Name and address of secondary sch	nool attended	
Date: From		
Who paid your secondary school fe	7	
State the number of your sibling	ngs attending the t	following categories of instituti
i) Primary school ii) Seco		
Other institutions attended and qu	uatifications attained	1
Have you represented your school	in any of the follow	ing:
Music Drama	Creative ar	<u> </u>
At what level? School Count	ty National	
Games/Sports: Which games/spor	ts do you participate	e or are interested in?
Have you represented your school	in sports and games	?
At what level? School Count	· 1 1	
Clubs, Societies and Hobbies: Whease provide details of your part		s and hobbies are you interested
	•	
Do you have any form of impairme	ent? If yes, give deta	ils.
Please give any information you	think is useful for	the University to know in orde
facilitate your comfortable stay in	Campus	
ractitate your connortable stay if	i campus.	
I certify that the information I have Signature	ve provided is correc	



STUDENT ENTRANCE MEDICAL EXAMINATION FORM

			·	
STUDENT NAME:			REG. NO.	
IMPORTANT:				
It is a requirement b Part 1 of this form. registered medical d	Thereafter he/she moctor. Part III will be t	ust complete Par filled by the exar	i joining the University must comp rt II with assistance of a qualified nining doctor who will thereafter p entists Board Registration Number	l and print
-	n must be returned te., on or before the d	_	(Academic Affairs) together with on.	the
PART 1:				
Surname:	Othe	r Names:		
Gender:	Date of Birth:	Place	of Birth	
Nationality:	Mar	ital Status	No. of Children	
Name of Parent/Gua	rdian/Nexto:			
Postal Address:				
PART II: (To be com necessary)	pleted by the studen	t with the help c	of a doctor / parent / guardian wl	here
Have you ever been a	admitted into hospita	l?		
If so, when and for w	hat illness?			



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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		

RESPIRATORY SYSTE	LM:	•
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Clinical findings		Res	spiratory rate	
Percussion		Auscultati	on	
ALIMENTARY SYSTEM	<u>۸:</u>			
Teeth	To	ngue	Abdomen	
GENITO-URINARY SY	YSTEM:			
Urethra discharge		L.M.P	Uterus	
Urine	S.G.	Albumin		Sugar
Deposit				

COMMENTS BY THE EXAM	NING DOCTOR		
Doctor's Name (Printed)		Signature and Stamp	
Medical Practitioners & Denti			
PART IV:			
COMMENTS BY THE UNIVER	SITY MEDICAL OFFICE	<u>ER</u>	
Remarks			
Does the student require any s	oecial 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.



EMERGENCY MEDICAL OPERATIONS FORM

This applies to students who are minors (i.e. below 18 years of age)
Name of Student
Registration No
Course admitted to
Date of Birth
Approval of your parent(s) or guardian is required for the Vice – Chancellor of the Co-operative University, to give consent on their behalf for any emergency operation to be carried out on you, should such a situation arise. Your parent(s) or guardian are therefore required to complete the consent form below if you are below 18 years of age.
CONSENT FORM
I agree that the Vice - Chancellor of the Co-operative University of Kenya may give consent for any emergency operation being performed on(student's name), if not possible to contact me in time.
Parent/ Guardian's Name
Signature
Relationship
Address
Telephone No.
Date
Signature of Parent/GuardianDate



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:



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OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)

REQUEST FOR ACADEMIC LEAVE/ DEFERMENT
Name: Reg. No:
Campus:
Programme:
Year of Study: Semester:
Address:Tel:
Date:
A. I hereby request (tick relevant one and specify the period in the space provided) 1. Academic leave (Continuing Students) 2. Deferment of Admission (New Students) Specify duration:
B. Give specific reasons for your request (Tick appropriately):
☐ Financial ☐ Medical (Attach medical documents) ☐ Compassionate
☐ Others (Specify)
C. Dean/Director's Approval (For those applying for Academic Leave)
Approved Not approved If not approved, state reason(s):
Signature (Dean/Director) and Official Stamp Date
D Registrar (AA) Approval
Approved Not approved
Signature and Official Stamp



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.

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CATERING AND ACCOMMODATION SERVICE INFORMATION

1. CATERING

The University Catering Services operate on a Pay As You Eat (PAYE) arrangement. Under this arrangement, students have a variety of food items/dishes to choose from and each food item/dish is priced separately.

2. ACCOMMODATION

The University has limited accommodation opportunities; therefore, accommodation is not guaranteed within the University hostels. Students who secure accommodation at the University hostels will be required to pay at least 50% of the prescribed semester fees and full accommodation fees before room allocation. Payments can be made through MPesa or cash deposit to the University accounts. If you are not offered a place in the Halls of Residence, you can access details of private hostels from our website (https://www.cuk.ac.ke/accomodation/).

NOTE: Application for accommodation will be opened two (2) weeks to the actual reporting date.

3. HOSTEL ACCOMMODATION RATES

The accommodation fee payable is at a flat rate of **KSHS 12,000.00** per Semester, irrespective of the choice of room. This must be paid in the bank by students who may be accommodated. There are limited accommodation facilities that will be offered on first come first served basis.

4. APPLICATION FOR ACCOMMODATION

- i) Students wishing to be considered for the available spaces for accommodation in the University hostels will be required to apply online from the Student's Portal.
- ii) After online hostel booking, the student should print room booking slip and present it to the Housekeeper on admission day for room allocation.

NOTE. Applicants should take note of the following;

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- i) Allocation will be made on a first come first served basis.
- ii) Allocations will only be done upon payment of full accommodation fee.



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Terms and Conditions of Occupancy

- 1. This document is neither a guarantee for offer of hostel space applied for nor anyhostel space at all;
- 2. The process will be based on availability of hostel spaces;
- 3. Any student allocated a room shall not be allowed to transfer to another room;
- 4. No sub-letting of the allocated room is permitted, and any student found subletting space shall be expelled from the hostels;
- 5. Any student allocated a room and does not take up occupancy within the first three weeks of the Semester shall be deemed to have forfeited the space allocated;
- 6. Students are expected to pay the full amount for the Semester before allocation of a room;
- 7. No cooking is allowed in the allocated room, and any student found cooking shall, in addition to facing disciplinary action, be expelled from the hostels;
- 8. The occupant will be held responsible for any loss of fittings or damages in a room allocated to them;
- At the end of every semester students shall return keys, mattresses and curtains (if any) to the housekeeping office, failure to which they shall be surcharged;
- 10. Students allocated rooms in the University Hostels shall be expected to remove all their belongings before proceeding for holidays;
- 11. The University reserves the right of allocation of space.

Revision Date: March 2020



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:



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BACHELOR/DIPLOMA IN CATERING AND HOSPITALITY MANAGEMENT

LIST OF COURSE REQUIREMENTS

A) FOOD PRODUCTION

- 1. Standard double-breasted White Chefs jacket
- 2. White half apron
- 3. Black trousers or skirt, not tight fitting
- 4. Safaricom Green triangular Neckerchief
- 5. White Chefs hat (not Nets)
- 6. Black closed leather shoes
- 7. Kitchen knife
- 8. Kitchen towel
- 9. Oven gloves or oven cloth
- 10. Name Tag (Rectangular Green)

B) FOOD SERVICE

- 1. White long-sleeved shirt
- 2. Black trouser or skirt, not tight fitting
- 3. Black half coat
- 4. Black closed leather shoes
- 5. Black Bow tie/ Tie
- 6. Big Five-cork screw opener, lighter, waiters cloth, order pad/pen & Glass cloth
- 7. Name Tag (Rectangular Green)

C) HOUSEKEEPING

- 1. White long-sleeved shirt
- 2. Black trouser or skirt, not tight fitting
- 3. Black closed leather shoes
- 4. Name Tag (Rectangular Green)
- D) LIST OF BOOKS (Purchase from Book shops like Savannis, Text Book Centre)
 - 1. Practical Cookery by David Foskett
 - 2. Food and Beverage Service by Dennis Lillicrap
 - 3. The Theory of Hospitality and Catering by David Foskett
 - 4. Hotel, Hostel and Hospital Housekeeping by Loan Branson



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