



CUK/ASR/FORM07

THE CO-OPERATIVE UNIVERSITY OF KENYA

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

RE-ADMISSION / RE-REGISTRATION REQUEST FORM

Name Simon Muringa Kituku Reg. No. BCSC01/0020/2019
Campus Co-operative University (Main campus)
Programme Bachelor of Science in computer science
Year of study Third year Semester Semester one
Address: _____ Tel: 0741674737
Date 13/12/2021

- ☐ For Re-admission fill sections A (1) and B only.
☐ For Re-registration fill sections A (2) and B only.

A I hereby request (tick relevant one and specify the period in the space provided)

1. Re-admission ☐
2. Re-registration ☒

Specify the duration you have been away _____

B Give specific reasons why you were away (Tick appropriately)

- ☐ Financial ☐ Medical (Attach medical documents) ☐ Examination Irregularities
☐ Discipline ☐ Academic Leave ☒ Deregistration
☐ Deferment ☐ Others (Specify) _____

Student's Signature [Signature]

Date 13/12/2021

C For De-registered Students

Payment of Re-registration fee (Ksh 1,000) paid ☒ not paid ☐

Finance Officer Signature and Official Stamp

Date 14/12/21

D Dean/Director Approval

Re-admission/Re-Registration Approved/Not Approved Sign & Stamp _____ Date _____

State the level at which student should be re-registered _____

Other remarks _____

E Registrar (AA) Approval

Re-admission/Re-registration Approved ☐ Not approved ☐