



THE CO-OPERATIVE UNIVERSITY OF KENYA

P. O. Box 24814-00502, KAREN, NAIROBI, KENYA. TELEPHONE: (020)-2430127/ 2679456/8891401 +254 724 311 606.

APPLICATION FOR INTERNSHIP PROGRAMME FORM

Please complete this form in BLOCK LETTERS and submit to the office of the Deputy Vice Chancellor, Finance, Planning & Administration (FPA), CUK.

1. Campus:

2. Full Name:

3. Date of Birth _____

4. Identity Card Number

_____ ☐ ☐

5. Gender Female Male

6. Personal Identification Number (PIN)

7. Certificate of Good Conduct Number:

8. Postal Address: _____ Postal Code: _____ Town:-

9. E-mail Address:

10. Mobile Number:

11. Home County: _____ Sub-county _____

12. Ethnicity: _____

13. Disability Status: _____



EMPOWERING COMMUNITIES

CUK is ISO 9001: 2015 CERTIFIED

14. Educational/Professional Qualifications

S/No	Degree/ Course	University /Institution	Year of Graduation	Class/Grade

15. Area of Interest:

I certify that the above information is true to the best of my knowledge.

Name: _____ **Signature:** _____ **Date:** _____





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