

Language information

Write any three languages that you can speak

1. -----(mother tongue)
2. -----
3. -----

Family Information

Mother First Name:	-----	Mother Last Name	-----
--------------------	-------	------------------	-------

Mother occupation/job

<input type="checkbox"/> Farmer	<input type="checkbox"/> Engineer
<input type="checkbox"/> Merchant	<input type="checkbox"/> Medical Doctor
<input type="checkbox"/> Teacher	<input type="checkbox"/> Nurse
<input type="checkbox"/> House Wife	
Others, specify _____	

Father occupation/job

<input type="checkbox"/> Farmer	<input type="checkbox"/> Engineer
<input type="checkbox"/> Merchant	<input type="checkbox"/> Medical Doctor
<input type="checkbox"/> Teacher	<input type="checkbox"/> Nurse
Other, specify _____	

Student Birth Place Information

Region	Zone/ Kifle Ketema/	Woreda	Town/village name
--------	---------------------	--------	-------------------

Kebele	Phone Number	E-Mail	-----
--------	--------------	--------	-------

Health case /Handicap Information

Are you Handicap? Yes No

If your answer is yes select or mention below

- Hearing Disability Brain Disability
- Vision Disability Physical Disability
- Other, specify _____

NB medical Board certificate is required to be attached to the office of the registrar

Student Contact Information/ Person to be contacted in case of emergency/

PRIMARY CONTACT

Contact First Name

Contact Father's Name

Contact G/Father's Name

Contact Address Information

Region: _____

House Phone No: _____

Zone/ Kifle Ketema: _____

Office Phone Number: _____

Woreda: _____

Mobile Phone Number: _____

Town/Village: _____

E-Mail Address: _____

Kebele: _____

House NO: _____

Relationship to Applicant:

Mother

Step-Mother

Uncle

Father

Sister

Aunt

Step-Father

Brother

Other, _____

SECONDARY CONTACT

Contact First Name

Contact Father's Name

Contact G/Father's Name

Contact Address Information

Region: _____

House Phone No: _____

Zone/ Kifle Ketema: _____

Office Phone Number: _____

Woreda: _____

Mobile Phone Number: _____

Town/Village: _____

E-Mail Address: _____

Kebele: _____

House NO: _____

Relationship to Applicant:

Mother

Step-Mother

Uncle

Father

Sister

Aunt

Step-Father

Brother

Other, _____

2. EDUCATIONAL INFORMATION

2.1 Primary School(s) attended (List last Two Schools) start from recent

Grade level	Year Attended from-to(E.C)	School Name	Category	Region	Zone/kifle ketema	Woreda	Town
			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				

2.2 Secondary School (s) attended (List last Three Schools) Start from Recent

Grade level	Completed Year (E.C)	School Name	Category	Region	Zone/kifle ketema	Woreda	Town
12 th			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				
11 th			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				
10 th			<input type="checkbox"/> Governmental <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Religious Others _____				

2.3 Grade scored in EHEEQC (Grade 12 result)

(Write the best **seven/five** results you scored in grade 12 including Mathematics & English.)

<u>Subject</u>	<u>Grade Scored /point scored/</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Total earned point: _____ Maximum expected point _____

EHEEQC Exam taken date (E.C) _____ (G.C) _____

DD/MM/YY

DD/MM/YY

EDUCATIONAL INFORMATION(USE UPPER CASE ONLY)

a) Have you ever been enrolled in any post secondary education? (Diploma, Degree, M.A. M.Sc. Program)

Yes

No

b) If your answer is yes, give the details in number 2.1 and 2.2 & attach the necessary documents.

c) If your answer is No, give the details for 2.2 and 2.3.

2.4 Post Secondary Education

Name of last two institutions attended	Country	Years attended/E.C		Years attended/G.C		CGPA earned	Max. CGPA expected	Award
		From	To	From	To			

Indicate Your Preparatory School Stream

Natural Science Social Science Others Specify _____

3 SPONSOR INFORMATION

MOE Self

Other

If other then fill the following Information

Organization name: _____

Organization address:

Region: _____ Office Phone Number: _____

Zone/ Kifle Ketema: _____ Mobile Phone Number: _____

Woreda: _____ E-Mail Address: _____

Town: _____ URL: _____

Kebele: _____

House NO: _____

4. STATEMENT BY THE APPLICANT

I hereby certify that all information given in this form is complete, correct and accurate. I fully realize that the University is entitled to take any measure on me including dismissal if the information given by me here is found incorrect or misleading at any time. I further undertake to observe all the rules and regulations of the University and refrain from any activity which may be contrary to the interest of the Ethiopian peoples.

Signature of the applicant _____ **Date of Application (E.C)** _____ **(G.C)** _____

DONOT WRITE BELOW THIS LINE

Name of the recorder verifying the application form

Name _____ Signature _____ Date _____