



APPLICATION FOR ADMISSION
GRADUATE STUDY

INSTRUCTIONS

1. For clarity, please USE CAPITAL LETTERS TO FILL OUT THIS FORM.
2. Complete this application form in THREE COPIES.
3. Submit the following documents along with the completed application form.
 - a) TWO COPIES of the official transcript of academic record of the bachelor's degree
 - b) AN AUTHENTICATED PHOTOCOPY of your diploma.
 - c) First degree holders from universities other than Haramaya University must present a copy of results of GCE or West African Schools Certificate of Oxford Examination or any other accredited high school examination result paper.
4. NOTE: Applications must be submitted to the address below, not later than three months before the scheduled date of enrollment.

HARAMAYA UNIVERSITY
OFFICE OF THE REGISTRAR
P.O.BOX 138
DIRE DAWA
ETHIOPIA
FAX 0255530331

5. The enclosed recommendation letters should preferably be mailed earlier directly by your referees to the address above.



I. PERSONAL DETAILS

Name _____ Father's Name _____ Grandfather's Name _____

Present address _____

Region/Administrative Council _____ Town/City _____

P.O.Box _____ Country _____ (for foreigners)

Tel. _____ Fax _____ e – mail _____

Home Address _____

Region/Administrative Council _____ Town/City _____

P.O.Box _____ Country _____ (for foreigners)

Tel. _____ Fax _____ e – mail _____

Date of Birth: Date _____ Month _____ Year _____ (European Calendar)

Birth Place _____

Town/City

Region/Province/Country

Sex Male Female (put "X" mark)

Marital status Single Married Divorced

Number of children or dependents _____

Mother's full name _____

Name of person to be contacted in case of emergency _____

Address _____

Province/Region _____ Town/City _____

P.O.Box _____ Country _____ (for foreigners)

Tel. _____ Fax _____ e – mail _____

II. EDUCATIONAL QUALIFICATIONS

Degree Diploma Certificate (put "X" mark)



| Name of Academic Institution | Location | Award (Deg. /Dip.) | Date of award | Cumulative GPA |
|------------------------------|----------|-----------------------|---------------|-------------------|
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III. WORK EXPERIENCE

State your present work _____

Give the address of your present employer _____

Province/Region _____ Town/City _____

P.O.Box _____ Country _____ (for foreigners)

Tel. _____ Fax _____ e-mail _____

IV. RESEARCH

Give particulars on any relevant experiences you have. Give reference you have. Give references to any published work you have done. Enclose copies if possible.

V. REFERENCE

Give names and addresses of three persons, preferably undergraduate instructors, employers and professional associates, to whom reference can be made about your



ability. Specify your association with each referee. Have each one fill out the enclosed recommendation forms.

1. _____

2. _____

3. _____

VI. FINANCE SUPPORT

Give the name and address of the sponsoring organization of your graduate study. The sponsorship form should be completed and duly signed by your sponsor and submitted to the Office of the Registrar with your application form. Please be informed that the sponsorship must include research expenses (A separate form is enclosed).

VII. FACULTY AND SPECIALIZATION APPLIED TO

Put ‘✓’ mark in boxes below.

A. COLLEGE OF AGRICULTURE

1. Department of Agricultural Economics

Agricultural Economics

Agricultural Marketing

2. Department of Animal Sciences

Animal Production

Animal Breeding

Animal Nutrition



3. Department of Plant Sciences

- Agronomy
- Crop Protection
- Entomology
- Pathology
- Weed Science
- Horticulture
- Soil Science
- Plant Breeding
- Rangeland Ecology and Management

4. Department of Soil and Water Engineering

- Soil and Water Conservation Engineering
- Irrigation Engineering

5. Department of Food science and Post-harvest Technology

- Food Science and Technology
- Food Engineering

6. Department of Agricultural Extension

- Rural Development
- Communication and Innovation

**B. FACULTY OF EDUCATION**

1. Department of Chemistry
 Chemistry
2. Department of Biology
 Biology
3. Department of Mathematics
 Mathematics

Planned date of enrollment _____

I hereby certify that all information given in this document is complete and accurate.

Date _____ Place _____
Name of applicant _____ Signature _____

DO NOT WRITE BELOW THIS LINE



TO BE COMPLETED BY THE CHAIRMAN OF THE COUNCIL OF GRADUATE STUDIES

Examination result, if any _____

Recommendation: Admitted Not admitted

Please attach minutes of the Faculty Graduate Commission (FGC) with the application.

Name of advisor _____

Date of FGC approval _____

Name of Chairman _____ Signature _____

Chairman, Faculty Graduate Commission _____

Faculty of _____

Action by Council of Graduate Studies _____

Admission approved Admission not approved (Put '✓')

Date _____

Dean, School of graduate Studies

Chairman, Council of Graduate Studies