



Tel. (025) 553- 03-15 Fax: (025) 553-03-15 P.o.Box 63 Haramaya University Ethiopia
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Web site: www.haramaya.edu.et

APPLICATION FOR ADMISSION OF GRADUATE STUDY
(Kiremt In-Service Program)

I. INSTRUCTIONS

1. For clarity, please USE CAPITAL LETTERS TO FILL OUT THIS FORM.
2. Complete this application for in THREE COPIES.
3. Submit the following documents along with filled out application form.
 - (a) TWO COPIES of the official transcript of academic record of the Bachelor’s Degree.
 - (b) AN AUTHENTICATED PHOTO-COPY of the diploma.
 - (c) First Degree holders from universities out side Ethiopia 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.
 - (d) A postal order of 25 Birr to Haramaya University post office as an application fee payable to Kiremt In-Service Program.
4. NOTE: Applications must be submitted to the address below, not later than a month before the scheduled date of enrollment. **Application through fax will not be processed.**

SUMMER IN-SERVICE PROGRAM
HARAMAYA UNIVERSITY
P.O.BOX. 63
ETHIOPIA
5. The enclosed recommendation letters should preferably be mailed earlier directly by your referees to the address above.

NB. The payment for the course work of Postgraduate study (M.Sc) is **17,500.00 Birr**. This cost includes tuition fee and accommodation cost only.

II.PERSONAL DETAILS

	Name	Father’s	Grandfather’s
Present address	_____		
Province/Region	_____	Town/City	_____
P.O.Box	_____	Country	_____ (for foreigners)
Tel.	_____	Fax	_____ e-Mail _____
Home Address _____			
Province/Region	_____	Town/City	_____
P.O.Box	_____	Country	_____ (for foreigners)
Tel.	_____	Fax	_____ e-mail _____
Birth date	_____	Month	_____ Year _____ (European Calendar)
Birth place	_____		

Sex: Male Female (Put Mark)
 Town/City _____ Region / Province / Country _____
 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 _____

I. EDUCATIONAL QUALIFICATIONS

Degree Diploma Certificate (Put mark)

Name of academic institution	Location	Awarded (Deg. Dip.)	Date of award	Cumulative GPA

State the field of study of your undergraduate degree program.
 Major _____ Minor _____

II. 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 _____

III. RESEARCH

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

1. _____

IV. 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.

V. 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).

VI. FACULTY APPLIED TO

Proposed major study field: put “√” mark in the boxes below.

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

Range land Ecology & Mgt

4. Department of Agricultural Engineering

Soil and Water Conservation Engineering

Irrigation Engineering
 Food Science & Technology

Post-Harvest Technology

Food Engineering

5. Department of Agricultural Extension

Rural Development

Agricultural communication and Innovation

6. Faculty of Education

Biology Chemistry English

Geography Mathematics Physics

EDPM

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 (Put mark)

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

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 mark)

Date _____

Dean, School of Graduate Studies

Chairman, Council of Graduate Studies

HARAMAYA UNIVERSITY
FACULTY OF CONTINUEING AND DISTANCE EDUCATION
LETTER OF SPONSORSHIP OF EMPLOYING ORGANIZATION

(To be filled out and signed by the Head of the Organization)

The School of Graduate Students of Haramaya University appreciates your assistance in filling out this form and sending it to the address below.

HARAMAYA UNIVERSITY
SUMMER IN-SERVICE PROGRAM
P.O.BOX 63
ETHIOPIA

On behalf of candidate, namely, _____

The organization of which I am head, is committed to grant financial support covering living expenses and employment in the course of his/her postgraduate training. The financial support is intended to last until the completion of the program of study. Moreover, I express the origination's agreement to refrain from obligatory assignments of the candidate which may jeopardize his/her program of study.

I am cognizant of the fact that the concrete realities of the country dictate that education in general, and postgraduate studies in particular, must be geared towards the solution of specific problems affecting the country. I am therefore aware of the fact that this specific training my organization is sponsoring must be geared towards fulfilling a definite national purpose. Accordingly, my Organization is committed to maintain the monthly salary and an appropriate position of employment after the above mention candidate completes his/her postgraduate studies.

Name _____ Signature _____

Positions _____

Organization _____ Date: _____

P.O.Box _____ Town/City _____ Country _____

Fax: _____ e-mail _____

Please put the official seal.