



Tel. (025) 553- 00-20 Fax: (025) 553-03-15 P.O.Box 63 Haramaya University Ethiopia
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Web site: www.haramaya.edu.et

APPLICATION FORM FOR POSTGRADUATE CONTINUING EDUCATION PROGRAM (CEP)-2014/15(2007 E.C) ACADEMIC YEAR

I. INTRUCTIONS

- 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 outside 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 50 Birr to Haramaya University post office as an application fee payable to Continuing & Summer Postgraduate Program.
4. NOTE: Applications must be submitted to the respective CEP Centers (Chiro, Dire Dawa, Harar, Jijiga) of Haramaya University as well as main campus (Continuing and Summer Postgraduate Coordination Office) up to 07 September 2014.
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/M.A.) is Birr 550/credit hour at Harar & Dire Dawa Centers and Birr 650/credit hours at Chiro & Jijiga Centers. Thesis supervision is Birr 4,500.00 and payment to thesis examiners Birr 4,500.00. The overall tuition for 31 credit hours course work, supervision and thesis examiners fees is estimated Eth. Birr 27,450.00(twenty seven thousand four hundred fifty) at Harar & Dire Dawa and Eth. Birr 30,450.00(thirty thousand four hundred fifty) at Chiro and Jijiga Centers. This cost does not include fees for remedial courses and research expenses.

- 6. Please Put an ‘X’ mark in the box of your choice

1. Personal Details

1.1 Full Name: Name Father’s name Grandfather’s name (for Ethiopians)
First Name Middle Name Family Name (for non-Ethiopians)

1.2 Sex: Male Female

1.3 Place of Birth: Kebelle Town/City Woreda Region Country

1.4 Date of Birth: European Calendar: Date Month Year
Ethiopian Calendar: Date Month Year

1.5 Permanent Address:

Postal Address: _____

Mobile Phone Number: _____ Land Line Number _____

Fax Number _____ Email Address _____

1.6 Marital Status: Single Married Divorced

2. Family Background

2.1 Your Father's full address:

Postal Address: _____

Mobile Phone Number: _____ Land Line Number _____

2.2 Your Mother's full name _____

2.3 Give your Mother's address if not similar to your Father's address:

Postal Address: _____

Mobile Phone Number: _____ Land Line Number _____

2.4 Person to be contacted in times of emergency:

Full Name: _____ Relationship _____

Postal Address: _____

Mobile Phone Number: _____ Land Line Number _____

3. Educational Background

3.1 Secondary School (s) attended (List the last three schools in chronological order)

No	School's Name	Town	Year Attended (Eth.C)
1.			
2.			
3.			

3.2 Field of the study attended in Secondary school:

Academic Fields: Natural Sciences Social Science Vocational

Agriculture Home science Commerce Productive

Technology Others (Please specify) _____

3.3 Information on ESLCE Grade or EHEEQC Score

List five subjects including MATHEMATICS and ENGLISH in which you have earned your best grades or score;

List five (5) subjects including Mathematics and English in which you have earned your best grades/Score			
No.	Subject	Year (E.C.)	Grade/Score
1.			
2.			
3.			
4.			
5.			

3.4 Post-Secondary Education

3.4.1 Have you enrolled in any post-secondary education institution (University or College) in Ethiopia or abroad? Yes No

3.4.2 If your answer is “Yes”, please give the details bellow and attach the necessary documents.

No	Name of Institution	Country	Years attended from---to---	Completed (Dep./Deg./ Cert., etc)	C.G.P.A
1.					
2.					
3.					
4.					
5.					

4. Employment

4.1 Are you currently employed? Yes No

4.2 If “Yes” please write the name of your employer: _____
 Type of your job: _____
 Postal Address of your employer: _____
 Land Line number: _____ Mobile phone number: _____
 Fax number: _____

4.3 Are you leaving your job to be a student? Yes No

4.4 If you were employed by more than one employer before applying for this postgraduate study program, please list up to three of your most recent employers.

No	Type of Job	Employer	P.O.Box	Tel.	Town	Service Years From---to---
1.						
2.						
3.						

5. Field of training you are applying for

5.1 In which one of the following fields do you want to pursue your training?

Postgraduate Programs	Choice	Preferred Center for the study
1. Agricultural Communication & Innovation Development (M.Sc.)	<input type="checkbox"/>	
2. Agricultural Economics (M.Sc.)	<input type="checkbox"/>	Chiro <input type="checkbox"/>
3. Agricultural Economics & Rural Development (M.Sc.)	<input type="checkbox"/>	Dire Dawa <input type="checkbox"/>
4. Educational Leadership (M.A.)	<input type="checkbox"/>	Harar <input type="checkbox"/>
5. Sociology(M.A)	<input type="checkbox"/>	Jigjiga <input type="checkbox"/>
6. Afan Oromo Teaching(M.A)	<input type="checkbox"/>	
7. Afan Oromo Applied Linguistics (M.A.)	<input type="checkbox"/>	
8. Afan Oromo Literature(M.A.)	<input type="checkbox"/>	

6. Financial Support

Give the name and address of the sponsoring organization of your graduate study.

Name of the sponsoring organization: _____

Postal Address of your sponsor organization: _____

Land Line number: _____ Mobile phone number: _____

Fax number: _____

7. Statement by the student

I hereby certify that all the information given in this application is complete, correct and accurate. I fully realize that the University is entitled to take any actions on me, including dismissal at any time, if the information given by me here is found to be incorrect and misleading. I also realize that I will not be entitled to any reimbursement whatever fee I might have paid in cases where the University takes action on me as a result of any mischievous information I might have given.

I shall also take full responsibility for reading and abiding by the rules and regulations included in the University Student Handbook deposited in the University Library System.

Name: _____

Signature: _____

Date: _____

Place/Center: _____

**HARAMAYA UNIVERSITY
COLLEGE OF CONTINUEING AND DISTANCE EDUCATION**

LETTER OF COMMITMENT & SPONSORSHIP OF THE EMPLOYER ORGANIZATION
(To be filled out and signed by the Head of the Organization)

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

HARAMAYA UNIVERSITY
COLLEGE OF CONTINUEING AND DISTANCE EDUCATION
CONTINUING AND SUMMER POSTGRADUATE PROGRAM
P.O.BOX 63, Haramaya University, ETHIOPIA

On behalf of the candidate, namely _____, the organization of which I am head is committed to grant financial support covering the living expenses, tuition fee for course works, thesis research budget 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 organization's agreement to refrain from any obligatory assignments of the candidate which may jeopardize his/her program of study.

Also, 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 fully sponsoring must be geared towards fulfilling a definite national purpose. Accordingly, my organization is committed to maintain the monthly salary, pay the tuition fee and thesis research budget and an appropriate position of employment after the abovementioned candidate completes his/her postgraduate studies.

Total amount of fees (tuition for main course, **31** credit hours; supervision and thesis examiners)

Ethiopian Birr: 27, 450.00(twenty seven thousand four hundred fifty) at **Harar & Dire Dawa**

Centers and Birr 30,450.00(thirty thousand four hundred fifty) at **Chiro and Jigjiga Centers**. This cost does not include fees for remedial courses and research expenses.

First installment: **one third of the total fees at respective CEP Centers**

Second installment: **one third of the total fees at respective CEP Centers**

Third installment: **one third of the total fees at respective CEP Centers**

Notice: Payment should be effective before registration of the course in each semester

Name _____

Signature _____

Position _____

Organization _____ Date: _____

P.O. Box _____ Town/City _____

Country _____

Fax: _____ Tel. _____ Mobile: _____

e-mail _____

Please put the official seal.