



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 and Master's Degree for Master& PHD program, respectively.
 - 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 0255530325

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



HARAMAYA UNIVERSITY

OFFICE OF THE REGISTRAR

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

First Degree ☐ Second Degree ☐ Third Degree ☐ (put "X" mark)

Name of Academic Institution	Location	Award (Deg/M.Sc.)	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 postgraduate 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 form.

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