

UNIVERSITY OF GONDAR
Office of the Registrar

Application Form for Graduate Program

INSTRUCTIONS

1. PRINT ALL INFORMATION

2. SUBMIT THE FOLLOWING ALONG WITH THE APPLICATION:

A. One copy of **OFFICIAL TRANSCRIPT** should be **mailed** directly to Registrar Office by your previous institution

OFFICE OF THE REGISTRAR
UNIVERSITY GONDAR
P.O.BOX 196
GONDAR, ETHIOPIA

B. ORIGINAL DEGREE and STUDENT COPY with ONE COPY OF EACH

C. A receipt of ETB 100.00 (local applicant) or US\$ 100.00 (international student) application fee

3. SEE THE NOTICE BOARD AND WRITE YOUR CHOICE:

College/Faculty/ Institute /School/Department _____ Program _____

Applied for PhD MPhil MA/MPH/MSc Post Graduate Diploma Post Graduate Certificate

Specialty Certificate Specialty Diploma Sub Specialty Certificate Post-doc

4. MODALITY OF THE STUDY:

Regular Extension/Evening/Weekend/ Distance Summer

5. WRITE YOUR EDUCATIONAL BACKGORUND HERE:

Under Graduate: University: _____ CGPA: _____ Field of Study: _____

Post Graduate: University: _____ CGPA: _____ Field of Study: _____

6. FINANCIAL SUPPORT:

Ministry of Education _____
(Name of University)

Government Office _____
(Name of sponsoring organization/institution)

Self

7. PERSONAL DETAILS:

7.1 **Full name** _____

First Name

Father's Name

Grandfather's Name

7.2 **SEX:** Male Female

7.3 **Date of birth:** (E.C.) _____
Day Month Year

(G.C.) _____
Day Month Year

7.4 **Nationality:** _____

7.5 **Contact address:** Cell Phone* _____ E-mail:* _____

Date: _____ Signature: _____

