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: _____