

	Organization Name: አዲስ አበባ ሳይንስና ቴክኖሎጂ ዩኒቨርሲቲ ADDIS ABABA SCIENCE AND TECHNOLOGY UNIVERSITY	Document No.: VPAA/REG/OF/017	
	Title: ADMISSION APPLICATION FORM FOR GRADUATE PROGRAM	Issue No.: 1	Page No.: Page 1 of 3

ISSUE HISTORY				
Issue No:	Description of Change	Status	Originator	Effective Date
1	Initial release	Draft stage	Task force	March 1, 2022

Instructions

1. Print all information
2. Submit the following along with the application:
 - A. one copy of official transcript should be mailed directly to the registrar office by your previous institution through the following address. Unless we receive your official transcript on time, your registration will be nullified.

Attach here your recent 3x4-size photograph showing your full face

Addis Ababa Science and Technology University
Office of the Registrar
P.O.BOX 16417

- B. Original Degree and Student Copy with one copy of each
- C. A receipt of ETB 500.00 (local applicant) or \$ 120.00 (international student) application fee
- D. Sponsorship letter if not self/collect the form from registrar's office

3. CHOICE:

College/School/Institute _____

Program Preference in order

1. _____
2. _____
3. _____

Applied for: Ph.D. ☐ MPhil ☐ MA/MSc ☐ Post Graduate Diploma ☐ Post Graduate Certificate ☐ Specialty Certificate ☐ Specialty Diploma ☐ Sub Specialty Certificate ☐ post-doc ☐

APPROVAL:	Name:	Signature:	Date
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4. Program:

Regular ☐ Extension/Evening ☐ Distance ☐ Summer ☐

5. Educational Background:

Under Graduate: University: _____ CGPA: _____

Field of Study: _____ Enrollment Year: _____

Degree Award Year: _____

Post Graduate: University: _____ CGPA: _____ Field

of Study: _____ Enrollment Year: _____ Degree

Award Year: _____

MPhil/MA/MSc thesis result: _____ (For Ph.D. applicant only)

6. Financial Support:

☐ Ministry of Education _____

(Name of University)

☐ Government Office _____

(Name of sponsoring organization/institution)

☐ Self

7. Personal Details: (Use block letters)

7.1 Full name (In English) _____

First Name

Father's Name

Grandfather's Name

(በአማርኛ) _____

ስም

የአባት ስም

የአያት ስም

7.2 Sex: Male ☐ Female ☐

7.3 Date of birth: (E.C.) _____ (G.C.) _____

Day

Month

Year

Day Month

Year

7.4 Nationality: _____

APPROVAL:	Name:	Signature:	Date
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7.5 **Contact address:** Cell Phone* _____ E-mail:* _____

7.6 **Mother's Name (In English)** _____

First Name

Father's Name

8. DECLARATION: I hereby declare that the above-mentioned particulars/information is correct to the best of my knowledge and if anything is found incorrect or false in a future course, my admission may be canceled and I further state that I will abide by the rules and regulations of the University.

Applicants Signature: _____ Date: _____

For Office Use Only:

- CGPA MPhil ☐ MA/MSc ☐ Post Graduate Diploma ☐ Post Graduate Certificate ☐
- MPhil/MA/MSc thesis result (For Ph.D. applicant only)
- Specify if any Other Qualification

Admitted ☐

Not Admitted ☐

Checked by Name _____ Signature _____ Date _____

Approved by Name _____ Signature _____ Date _____

APPROVAL:	Name:	Signature:	Date
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