



METTU UNIVERSITY

Office of the Registrar

Recent passport
size photograph
showing full face

Application Form for Postgraduate Program

1. Personal Information

1.1.Full Name (In English): _____

1.2. Sex and Nationality : Male Female Nationality: _____

1.3.Place of Birth: _____

Region

Zone

Woreda

1.4.Date of Birth (E.C.): _____

Date

Month

Year

(G.C.): _____

Date

Month

Year

1.5. Marital Status: Single Married Divorced

1.6.. Current Address: Region: _____ Woreda: _____ Phone No. _____

1.7.Person to contact in case of emergency:

Name: _____ Relationship: _____

Phone: Home _____ Office _____ P.O. Box _____

Region

Zone

Woreda

Town

Kebele

House No.

1.8. Health condition: Normal Handicapped

1.9. Your Mother full name: _____

Nationality: _____

2. Educational Background

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

Post Graduate (Optional): University: _____ CGPA: __. __ Field of Study: _____

3. Please specify the programmed of your choice

No	College	Department/program	MA/MSC	PhD
1				
2				
3				

4. Modality of the Study

Regular Weekend Summer

5. Site: Mettu Campus Bedele Campus

6. Financial Support:

Government organization sponsored

Non-government organization sponsored

Self Sponsored

If you are government or non-government organization sponsored, give name and address of the Organization Sponsoring your graduate study. Form Letter sponsorship should be completed and duly signed by your sponsor and submitted to the Postgraduate program _____

STATEMENT BY THE APPLICANT

I hereby certify that all information given in this form is complete, correct and accurate. I fully realize that the University is entitled to take any action on me, including dismissal if the information I provided is found incorrect, the document illegal or misleading at any time. I also realize that I will not be entitled to any reimbursement of whatever fee I might have paid in case where the University takes any action on me as a result of any incorrect, illegal document or misleading information given by me. I further undertake to observe all the Rules and Regulations of the University if I am admitted by the University, and to refrain from any activity which may be contrary to the interest of the Ethiopian people.

I shall also take full responsibility for reading and abiding by the Rules and Regulations of the University.

Applicant's Signature _____ Date _____

ONLY FOR OFFICE PERSONNEL ACCEPTING THIS FORM	
Name _____	
Initial _____	Date _____