



PHOTO

ADDIS ABABA MEDICAL UNIVERSITY COLLEGE

HARGEISA CAMPUS

STUDENT APPLICATION FORM

PLEASE FILL IN THE FORM USING BLOCK CAPITALS

1. CANDIDATE'S NAME

A 2x15 grid of empty square boxes, intended for students to draw a picture in. It consists of two rows, each containing 15 empty squares for drawing.

2. YEAR ADMITTED

4. SEX MALE FEMALE

5. ADDRESS

A. COUNTRY

i REGION

ii CITY

B. TELEPHONE

i RESIDENCE

11 of 18

iii EMAII

6. ADMISSION REQUEST BASED ON

A. SECONDARY SCHOOL CERTIFICATE □

IF YES, NAME OF THE SCHOOL

B. PREVIOUS DIPLOMA,

IF YES, WHICH INSTITUTE

A 2x15 grid of empty square boxes, divided into two rows of 15 boxes each, intended for drawing or writing practice.

7. DEPARTMENT

- A. B.SC. DEGREE IN PUBLIC HEALTH
- B. B.SC. DEGREE INCLINICAL NURSING
- C. B.SC. DEGREE INNUTRITION
- D. B.SC. DEGREE MIDWIFERY

REGULAR UPGRADE

MORNING AFTERNOON EVENING

8. MOTHER'S NAME

A horizontal row of 20 empty square boxes, each with a thin black border, intended for drawing or writing.

9. EMERGENCY CONTACT

A. Name

B. Relationship

A horizontal row of 15 empty rectangular boxes, likely for drawing or sketching.

C. Telephone

D. Country

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

E₁ CITY

10. DECLARATION

I hereby declare that the above information is correct to the best of my knowledge and if anything is found incorrect or false in the future my admission will be cancelled. I further state that I will abide by the rules and regulations of the university. All tuition fees should be paid before the start of each semester. I also agree to attend all classes I have been assigned to, if I do not attend any classes I will not be eligible for a refund once I pay the registration or tuition fee.

NAME

A 2x15 grid of empty square boxes, intended for students to draw their own shapes or patterns.

DATE

A horizontal row of eight empty square boxes, each with a black border, intended for children to draw or write in.

SIGNATURE _____

FOR OFFICE USE ONLY

APPLICATION STATUS

ACCEPTED REJECTED PENDING

AUTHORIZED BY

DATE

SIGNITURE