



PHOTO

ADDIS ABABA MEDICAL UNIVERSITY COLLEGE

HARGEISA CAMPUS

STUDENT APPLICATION FORM

PLEASE FILL IN THE FORM USING BLOCK CAPITALS

1. CANDIDATE'S NAME

2. YEAR ADMITTED

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3. DATE OF BIRTH

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4. SEX

MALE

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FEMALE

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5. ADDRESS

A. COUNTRY

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i. REGION

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ii. CITY

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B. TELEPHONE

i. RESIDENCE

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ii. MOBILE

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iii. E-MAIL

6. ADMISSION REQUEST BASED ON

A. SECONDARY SCHOOL CERTIFICATE ☐

IF YES, NAME OF THE SCHOOL

PASS GRADE ☐

B. PREVIOUS DIPLOMA, ☐

IF YES, WHICH INSTITUTE

[illegible]

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

[illegible]

A. Name

[illegible]

B. Relationship

[illegible]

C. Telephone

[illegible]

D. Country

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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E. CITY

[illegible]

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

DATE

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SIGNATURE _____

FOR OFFICE USE ONLY

APPLICATION STATUS

ACCEPTED ☐ REJECTED ☐ PENDING ☐

AUTHORIZED BY _____

DATE _____

SIGNATURE _____