

**Application Form**

**DIRE DAWA UNIVERSITY**

**OFFICE OF THE REGISTRAR**

**Application for Graduate Program Admission**

**INSTRUCTIONS**

1. For clarity, please USE CAPITAL LETTERS TO FILL OUT THIS FORM.
2. Complete this Application form in THREE COPIES.
3. Submit the Following Documents along with the Completed Application form.
  - I. TWO Verified Copies of the official Transcript of Prior Academic record
  - II. LETTER OF SPONSORSHIP completed and signed by the head of the sponsoring organization. Or completed and authenticated SELF-SPONSORSHIP form
  - III. TWO pass port size photographs taken recently

**NOTE:**

- Applications must be submitted in person or mailed to the address below, not later than the announced deadline date
- The enclosed recommendation letters should preferably be mailed earlier directly by your referees to the address below



**Health and Disability Information**

Do you have any impairment to declare that requires assistance with your studies?

Yes             No

If yes, please select that apply to your condition from the list below:

- Hard-of-hearing             Difficulty Seeing/ impaired vision
- Physical impairment             Neural impairment (epileptic seizures and convulsions)

Other (please specify): .....

**II. EDUCATIONAL QUALIFICATIONS**

Degrees attained:     First Degree             Second Degree             Third Degree

**(Please list your academic profile chronologically, with the last qualification first below)**

| <b>Period (G.C.)</b> | <b>Institution name, Address</b> | <b>Field of study</b> | <b>Diploma awarded</b> | <b>Grade</b> |
|----------------------|----------------------------------|-----------------------|------------------------|--------------|
|                      |                                  |                       |                        |              |
|                      |                                  |                       |                        |              |
|                      |                                  |                       |                        |              |
|                      |                                  |                       |                        |              |
|                      |                                  |                       |                        |              |

**III. PROFESSIONAL EXPERIENCE**

**(Please list your professional work experience chronologically, with the current first below)**

| <b>Period (G.C.)</b> | <b>Name of employer</b> | <b>Position</b> | <b>Employer's address</b> |
|----------------------|-------------------------|-----------------|---------------------------|
|                      |                         |                 |                           |
|                      |                         |                 |                           |
|                      |                         |                 |                           |

**V. REFERENCE**

Give names and addresses of three persons, preferably your previous instructors, employers or professional associates, to whom reference can be made about your ability. Specify your relation with each referee. Have each one of your referees fill out the recommendation letter.

- 1. ....
- 2. ....
- 3. ....

**VI. FINANCIAL SUPPORT** (Please mark in the boxes)

- MoSHE
- Government Organization Sponsored
- Non-Government Organization Sponsored
- Self-Sponsored

If the fellowship has been awarded, give the name and address of the sponsoring organization of your graduate study.

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- a) If organization sponsored, a separate sponsorship form should be completed and duly signed by your sponsor and submitted to the Office of the Registrar with your application form. Please be informed that the Sponsorship must include research expenses
- b) If self-sponsored, a separate self-sponsorship form verifying your commitment, with your financial position, to cover all the tuition and administrative fees for the whole period of your study at Dire Dawa University should be completed and duly signed by yourself and submitted to the Office of the Registrar with your application form.

**VII. POSTGRADUATE PROGRAM STUDY APPLIED TO**

Please put '√' mark in boxes indicating the program you are planning to join.

- Regular       Weekend       Night       Summer

**Please Mark one:**

Level of Study:     Master's Degree     PhD

|   |  |
|---|--|
| <b>Program and specialization</b> (Example: Transportation Engineering, Medical Physics, etc) |  |
|---|--|

**Checklist of documents submitted** (mark in the boxes)

|                                   |  |
|-----------------------------------|--|
| Completed application form        |  |
| Copy of Diploma/Degree/Masters    |  |
| Copy of transcript (student copy) |  |
| Curriculum vitae                  |  |
| Sponsorship letter (if any)       |  |
| Recommendation letters            |  |

I hereby certify that all information given in this document is complete and accurate. I shall also take full responsibility for reading and abiding by the rules and regulations of the University and refrain from any activity which may be contrary to the interest of the University or its Community.

Applicant's Name.....

Signature .....

Date .....