



**ACT American College of Technology**  
**Registrar Office**  
**Readmission Form**

Attach here a recently taken passport size photograph showing your full face & write your full name on the back

**Instruction**

- a. This application form should be completed by the applicant himself/herself;
- b. Complete the application in one copy
- c. Fill in the required information or mark (✓) in the appropriate space. **USE BLOCK LETTERS.**
- d. Attach the following along with the application:
  - i. A receipt of Birr 1000.00 (application fee, nonrefundable)
  - ii. Supportive documents (medical certificate, etc. where appropriate)
- e. Application must be submitted directly to the office of the Registrar. No application will be accepted until all requirements are fulfilled.

**Note:** Academically dismissed students can only be granted readmission only once and this is subject to availability of space.

**I PERSONAL INFORMATION**

1.1. Full name (in English) \_\_\_\_\_

(in Amharic) \_\_\_\_\_

1.2. Sex            Male             Female

1.3. Place of Birth \_\_\_\_\_ Mothers Name \_\_\_\_\_

1.4. Current residential address:    Region \_\_\_\_\_ Woreda \_\_\_\_\_

Town \_\_\_\_\_ Kebelle \_\_\_\_\_

Telephone:    Office \_\_\_\_\_ Residence \_\_\_\_\_

1.5. Applicants Present Occupation \_\_\_\_\_

Name/Address of employing organization \_\_\_\_\_

P.O.Box \_\_\_\_\_ Tele: \_\_\_\_\_

**Person to be contacted in case of need**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Region \_\_\_\_\_ Woreda \_\_\_\_\_ Town \_\_\_\_\_

Kebelle \_\_\_\_\_ Telephone: Office \_\_\_\_\_ Residence \_\_\_\_\_

**II EDUCATIONAL BACKGROUND**

2.1. Programme Type: Undergraduate Degree             Postgraduate Degree

2.2. Enrollment Type: Regular Fulltime             Regular Part time             Extension

In-service             Distance Education



2.3. Previous College/Institute \_\_\_\_\_ Department \_\_\_\_\_

Class Year \_\_\_\_\_ ID No. \_\_\_\_\_

2.4. Date/Year of leaving your study \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

Day Month Year (yyyy)

(E.C) Semester \_\_\_\_\_ Academic Year \_\_\_\_\_

2.5. Credit hours taken, Cumulative Grade Point Average (CGPA) or Semester Grade Point Average (SGPA) earned at the time of withdrawal/dismissal.

Credit hours \_\_\_\_\_ CGPA \_\_\_\_\_ SGPA \_\_\_\_\_ (indicated in your last grade report)

2.6. Reason (s) for discontinuing study \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Attach supporting document where appropriate)

### STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge, all information given in this form is complete and accurate. I fully realize that the college is entitled to take any action on me, including dismissal if the information given by me here is incorrect 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 cases where the college takes any action on me as a result of any incorrect or misleading information given by me. I further undertake to observe all the rules and regulation of the college in general and those of the college to which I will be assigned in particular if the college accepts me.

I shall also take full responsibility for reading and abiding by the rules & regulations of the college student's Handbook deposited in the college's Library system and that of my particular college.

Applicants Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date of application \_\_\_\_\_

### OFFICE PERSONNEL ACCEPTING THIS FORM

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_