



ACT American College of Technology

Phone: _____ Fax : _____
P.O.Box: _____ Addis Ababa, Ethiopia
E-mail: _____

School of Graduate Studies APPLICATION FOR ADMISSION TO A POSTGRADUATE PROGRAMME

Two copies of this form should be completed by the applicant and returned to the Registrar Office

SECTION A TO BE COMPLETED BY THE APPLICANT

Type or Print in Block Letters:

1. Programme applied for Academic year
2. Enrollment Type:
Regular fulltime Regular Part-time In-service Extension
3. Full name
4. Date of birth
5. Gender: Male Female Martial Status
6. Region.....
7. Citizenship
8. Permanent Address
9. Postal Address..... Tel. No Fax No
10. Name* and Address of Employer

***Names must be those that appear on the applicant's academic document.**



11. Secondary Schools and University attended (attach copies of certificates)

i) Secondary School

Name of Institution

Dates of Attendance

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..... to

ii) College (where applicable)

Name of Institution

Award

Dates of Attendance

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..... to

iii) University

Name of Institution

Award

Dates of Attendance

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..... to

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..... to

12. First degree qualifications: (Attach copies of academic transcripts & certificates)

i) Degree or equivalent.....

ii) Awarding University/Institution

iii) Date of Award

13. Other qualifications (indicate dates and attach copies of certificates)

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14. Research and teaching experience

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15. Relevant publication (where applicable)

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16. Employment record (use separate sheet if necessary)

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17. Proposed field of study i.e. subject area

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18. Names and address of three referees who are familiar with your academic ability and performance.

- i) Name
Address
- ii) Name
Address
- iii) Name
Address

19. Name and address of sponsor.....

.....

20. Declaration by applicant:

I declare that to the best of my knowledge, the information given above is correct.

Signature of applicant

Date



SECTION B
TO BE COMPLETED BY THE EMPLOYER

21. I certify that has been working here
as since
22. a) Will your organization release the applicant when admitted to the
program?
Yes/No
- b) Will your organization pay the student's fees? Yes/No
- Signature Designation
- Date (with official stamp)

SECTION C
FOR OFFICIAL USE ONLY

23. Recommended by the College/Council of
- i) Meeting Date Minute
- ii) Supervisor (s)
- a) Name
Address
- b) Name
Address
24. Approved by the Council of Postgraduate Studies and Research
Meeting Date Minute
- Programme of Study approved
- Mode of Study approved (tick as applicable)
- a) Thesis



b) Course work and Dissertation

c) Coursework alone

25. Effective date of registration

NOTES:

1. No student is allowed to register for more than one college program at the same time. Breach of this regulation leads to automatic cancellation of admission to the College.
2. Cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards, will lead to automatic cancellation of admission.
3. Copies (not originals) of academic documents should be attached to each Application Form. The copies for the Degree certificates (s) and Academic Transcripts (s) should be certified.
4. Applicants themselves should request their referees to submit the reports directly to the REGISTRAR Office of American College of Technology. The College does not request for referees' reports on behalf of applicants.