Adama Science and Technology University Student Admission and Registration Office

P.O. Box 1888

Tel: +251-221-100001 (0221-110400) Email: sar@astu.edu.et

Adama



Student Admission application form

Personal Information												
First Name												
Middle Name												
Last Name	Student's Photo Size (3x4)											
Sex	(2))			
	Colondor	Data		Mont	nth Year							
Date of Birth	Calendar E.C	Date		Mont	П	i eai						
Date of Birth	G.C											
Place of Birth	G.C											
Nationality												
Disability	Visually Impaired Hearing Impaired Physically Challenged											
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Residential Address (WHERE DID YOU COME FROM?)												
Region	COS (WITERE	000	<u> </u>	Keb								
Zone					Hom	e						
Wereda			Mob									
1101044	<u> </u>			1								
Person to be contacted in case of emergency												
First Name				•					Regio	n	Zone	
Last Name	Tel			el. Hor	I. Home							
Relationship			Te	el. Mol	oile							
Preparatory School Information(School where you Completed Grade 12)												
School Name						Starting Year(E.C)						
Location					Ending Year(E.C)							
Stream					Score							
Desired field of study												
School												
Department/Plac												
Classification of Admission		Regular □ Extension □									ımmer	
Degree Award	B.A. □ B.Sc. □ B.Ed. □ M.Sc. □ Adama □). <u> </u>	MBAE	□ N	1.A. □	PHD□	
Campus												
To be filled in three choice(ONLY FOR EXTENSION AND SUMMER)												
Field of study (c												
Field of study (c												
Field of study (choice 3)												
Educational Background (only fill, if you have already studied in college/University)												
University/College /Institute Name				Country			Grad	aduated date			Award	
	5			· · · · · · · · · · · · ·			J. J.					
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STATEMENTS BY THE APPLICANT

I hereby certify that all the information given in this form is complete, correct and accurate. I fully realize that the University is entitled to take any action on me, including dismissal if the information given by me here is found 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 University takes any action on me as a result of any incorrect or misleading information given by me. I further undertake to observe all rules and regulations of the University in general and that of the Faculty to which I will be assigned in particular if I am accepted by the University and to refrain from any activity which may be contradictive to the interest of the University and Community. I shall also take full responsibility for reading and abiding by the rules and regulations of the University Student Handbook.

Name	Signature
Date of Application	











