

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					Student's Photo Size (3x4) (2)
Middle Name					
Last Name					
Sex					
Date of Birth	Calendar	Date	Month	Year	
	E.C				
	G.C				
Place of Birth					
Nationality					
Disability	Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Physically Challenged <input type="checkbox"/>				

Resident Address (WHERE DID YOU COME FROM?)			
Region		Kebele	
Zone		Tel. Home	
Wereda		Tel. Mobile	

Person to be contacted in case of emergency					
First Name				Region	Zone
Last Name		Tel. Home			
Relationship		Tel. Mobile			

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 /Placement	
Classification of admission	Regular <input type="checkbox"/> Extension <input type="checkbox"/> Weekend <input type="checkbox"/>
Degree Award	B.Sc <input type="checkbox"/> M.Sc. <input type="checkbox"/> MBA <input type="checkbox"/> M.A <input type="checkbox"/> PhD <input type="checkbox"/>
Campus	Adama <input type="checkbox"/>
To be filled in three choice (ONLYFOR EXTENSION AND SUMMER)	
Field of study (choice 1)	
Field of study (choice 2)	
Field of study (choice 3)	

Educational Background (only fill, if you have already studied in college/university)			
University/College/Institute Name	Country	Graduated date	Award

**N.B. Fill All Required information**

## 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 result of any incorrect or misleading information given by me. I further undertake to observe all rules and regulation of 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 regulation of the University student Handbook.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date of Application \_\_\_\_\_