



Jimma University

Office of the Registrar

Graduate Studies Program in collaboration with ABH Services Plc in Addis Ababa

Application Form (2018/19 Academic Year)

Attach one recent passport size photo to this application

Instruction:

1. Applicants must pay a non-refundable application fee of ETB 1,000.00 directly to the program cashier of ABH Services Plc located on Bole Rd, Behind DH Geda Tower, on Erketa Building, Addis Ababa.
2. This form must be filled in a single copy and returned to ABH Services Plc no later than August 31, 2018.
3. Use BLOCK LETTERS to fill the application form.
4. Official transcripts of previous tertiary education must be directly mailed by the institution you attended to ABH Services Plc, P. O. Box 535/Code 1110, Addis Ababa until Sept. 10, 2018.
5. Two letters of reference/recommendation, on the program's reference form, must be filled by referees and delivered in a sealed and signed envelope to the program.

Application:

I. Program of interest: (Put a ✓ mark on your preference)

- | | | | |
|---|--------------------------|---|--------------------------|
| A. General MBA | <input type="checkbox"/> | C. General MPH | <input type="checkbox"/> |
| B. M.A. in Project Management & Finance | <input type="checkbox"/> | D. M.Sc. in Human Nutrition | <input type="checkbox"/> |
| | | E. M. Sc. in Health Monitoring & Evaluation | <input type="checkbox"/> |

II. Preferred Timing of Class (Check one): (Based on availability of space and number of applicants who passed the screening exam, the University may assign a students out of his/her preferred timing of class.)

- Evening only (Monday – Friday after 6pm)
- Weekend (Saturday and Sunday whole day)
- Any of the above two (This may increase your chance of admission)

III. Applicant's Personal Information:

Title (Mr., Mrs., Ms, Dr., Other/specify)	
Name (Given, Father's, Grandfather's)	
Date of Birth (DD/MM/YYYY) in GC	
Nationality	
Sex	

IV. Current Address of the Applicant:

Region/City/Town	
Woreda/Sub-city/ Kebele	
House Number	
Cell Phone #	
Other Phone #	
Email:	
P. O. Box (Include Town/City)	

V. Previous Tertiary Education (in reverse chronological order, starting with the most recent one):

S. No	Name of Institution	Country of the institution	Major Subject	Minor Subject	Year of graduation in GC	Degree Offered

VI. Current Employment (Fill the following if you are currently employed):

Name of Institution	
Responsibility/Position/Job Title	
Supervisor's name and position	
Region: City/Town	
Woreda/Sub-city/ Kebele (if available)	
Phone #	
Other Phone #/email	

VII. Past Professional Experience (in reverse chronological order, starting with the most recent one):

S. No	Name of Employer	Job Title	Employment dates		Address of Employer	Name of Supervisor
			Start	End		

VIII. List of Publications (if any):

S. No	Title	Co authors	Published on	Publication Date

IX. Cost of attending this program and Financing

A. How do you finance your application, tuition, research and other fees indicated below?

- Self-Sponsor
- Fully sponsored by organization (Specify name of sponsor) _____
- Partially sponsored by organization (Specify name of Sponsor) _____
- Other (Specify) _____

S.No.	Cost Category	Unit cost (ETB)	No. of Units	Total Cost (ETB)	Remark
1	Application Fee	1,000.00	1	1,000.00	Non-refundable
2	Tuition Fee per Credit Hour	1,900.00	37 - 45*	70,300.00-85,500.00	Varies depending on the program of choice
3	Research Advisors Fee per Student	7,050.00	1	7,050.00	
4	External Exam Fee per Exam	7,050.00	1	7,050.00	For one time exam
5	Graduation and Degree fee	1,300.00	1	1,300.00	
6	Late Registration Fee	1,950.00	To be paid only if a student fails to register in the assigned 2 registration days		
7	Re-examination/Make-up Exam Fee	1,950.00	To be paid for each course's final exam. The respective college/s AC should approve the make-up exam request for a student to sit for exam.		
8	Research undertaking expenses	variable	Each student have to cover his/her own expenses related to undertaking the research work.		

***The University has the right to adjust the number of credit hours, if there is a need, without prior notice.**

X. Motivation statement (state why you want to pursue in this field of study):

I hereby certify that all information given in this document and its attachment is complete and accurate. I will observe all the rules and regulations of the institution and declare that I will refrain from any activity which is contrary to the interest of the institution.

Name: _____

Date: _____ Signature of the applicant: _____

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Total points from screening exam and other considerations: _____%

Admitted

Not Admitted

Remark:

Name: _____ Signature: _____ Date: _____