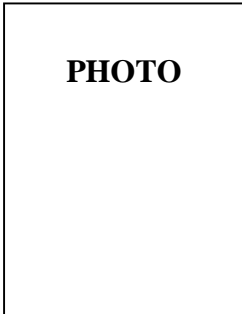




Unity University
Office of the Registrar
(This form to be filled in duplicate)



Welcome to Unity University! Please read the following:

1. Use block letters in filling this form
2. Provide your personal data as accurately as possible, which Unity keeps for **official use only** and **confidential**.
3. Select the admission classification (regular / extension) and field of your study prepared for the specific program type you are applying for
4. Sign the statement at the end and return the completed forms along with:
 - a) Original copy of your credentials (to attest their authenticity) with two photocopies.
 - b) Two copies of your Student Copy (for Advance Standing Applicants). Make sure that the Official Transcript be directly mailed to the Office of the Registrar by your previous institution within a month of class commencement.
 - c) A receipt of nonrefundable Application Fee in Birr for Ethiopian Nationals, and USD or its equivalent for foreign nationals.
5. Submit application directly to :

Unity University
Office of the Registrar Undergraduate Admissions
P.O. Box 6722
Addis Ababa/Ethiopia

1. PERSONAL INFORMATION

1.1. a. መ-ሉ ስም ከነአያት /በአማርኛ/ _____

b. Name (First) _____ Father's Name _____

Grandfather's Name _____

1.2. Sex: Female Male

1.3. Date of Birth (DD/MM/YYYY) : (E.C) Day _____ Month _____ Year _____

(G.C) Day _____ Month _____ Year _____

1.4. Place of birth : Town/City _____ Region _____ Country _____

1.5. Where do you come from : Rural Urban

1.6. Your mother's full name : _____

1.7. Nationality _____

1.8. Marital status : Single Married Divorced Widowed

1.9. Do you have physical or any other disability? Yes No

If yes, please specify _____

1.10. Present Address: Town/City _____ Kifle Ketema _____ Kebele _____ House No _____

P. O. Box _____ Tel. No: Home _____ Office _____ Mobile _____ E-mail _____

1.11. Person to be contacted in case of emergency

Name _____ Relation _____

Address _____

2. EDUCATIONAL BACKGROUND

Secondary Schools, TVET College and/or University you attended

High School	Name of High School	Grade Point/Result	Year
Grade 10			
Grade 12			
TVET	Name of College	Program Attended	Year
12+2			
Level 3 or Level 4		COC Attended	Date of Attendance
College / University	Name of College / University	Degree Awarded	Date of Award

3. CLASSIFICATION OF ADDMISION

Regular Program Extension Program Distance Program

4. Please tick the following, if you are applying for admission in advance standing level

Advance standing (attach your Diploma and Student Copy)

5. FIELD OF STUDY APPLIED TO:

Proposed field of study: _____

Planned date of enrollment _____

6. ADDITIONAL INFORMATION (ONLY FOR DISTANCE EDUCATION APPLICANTS):

Regional Center: _____

Amount of Money Paid (in birr): _____

Receipt No.: _____

Bank Branch: _____

Statement by the Applicant

I hereby certify that all information given in this form is complete and correct. I fully realize that the University is entitled to take any action on me including dismissal if the information given by me is found to be incorrect or misleading. I shall ask no reimbursement of whatever fee I have paid in case the University takes any action as a result of any incorrect or misleading information I gave. Provided I get admission as per this application, I am aware of the fact that the University reserves the legal right to raise the tuition fee at any time during my stay in the University before I complete the program for which I am applying herein.

I further undertake to observe all the rules and regulations of the University. I shall take full responsibility to abide by the rules and regulations of the University provided in the student Handbook that is made available in the School library, or rules and regulations communicated in the form of notice.

Applicant's Signature _____ Date _____

For Official Use Only

(1) Admission Clerk

Application:

Received & Checked by: Name _____ Signature _____ Date _____

(2) Document Verification

Verified by: Name _____ Signature _____ Date _____

(3) Record Services Officer (Registrar's Office)

Application Data:

Encoded by: Name _____ Signature _____ Date _____

Checked by: Name _____ Signature _____ Date _____

(4) Quality Assurance and Audit Unit

Approved by: Name _____ Signature _____ Date _____



የኒቲ ዩኒቨርሲቲ መተማመኛ ቅጽ

በመንግስት ከፍተኛ ትምህርት ተቋማት ተመድበው ትምህርት ከጀመሩ በኋላ በተለያዩ ምክንያቶች ትምህርታቸውን ያቋረጡ ወይም ትምህርታቸውን የፈጸሙ የሚሞሉት መተማመኛ ቅጽ።

በመንግስት ከፍተኛ ትምህርት ተቋም ለተማሩ በሚኒስትሮች ምክር ቤት ደንብ ቁጥር 154/2000 መሠረት የወጪ መጋራት ክፍያን ለመግለጽ የሚመለከት/ሽን ከፍያለሁ ወይም አልከፈልኩም ወይም አይመለከተኝም በማለት ከሚከተሉት ሣጥኖች ውስጥ አግባብ በሆነው ሣጥን ውስጥ ይህን ምልክት (/) አድርግ/ጊ።

ከፍያለሁ (የክፈልክ/ሽቡት ማስረጃ አያይዝ/ገር)

አልከፈልኩም (በቆይታህ/ሽ ከፍለህ/ሽ ማስረጃ ማቅረብ ይጠበቅብሃ/ሻል)

አይመለከተኝም (ምክንያቱ ይገለጽ _____)

ከዚህ በላይ ባለው ጽሑፍ አኳያ የሚመለከተኝን በሣጥኑ ውስጥ ባደረኩት ምልክት (/) ትክክለኛ መሆኑን እያረጋገጥኩ፣ ስህተት ሆኖ ቢገኝ ግን ከዚህ ተቋም የምሰናበትና የትምህርት ማስረጃም የማይሰጠኝ መሆኑን ተገንዝቢያለሁ። በተጨማሪም በወንጀሉ ተጠያቂ መሆኔን አውቄ ይህን መተማመኛ ፈርሚያለሁ።

ስም _____ ፊርማ _____ ቀን _____

በሬጅስትራር ቢሮ የሚሞላ፤
አመልካች ግዲታውን/ዋን ለመወጣት በፈቃደኝነት መፈረሙን/ሚን አረጋግጣለሁ።
ስም _____ ፊርማ _____ ቀን _____