Adama Science and Technology University
Registrar Office
P.O. Box 1888
Tel: 0221-10-00-78 or 0221-11-19-39 ,
0221-10-00-01
Email: sar@astu.edu.et
Adama

ASTU

Student Admission application form Only for Post Graduate study

Personal Information					
Full Name In English					Student's Photo Size (3x4) (2)
Full Name in Amharic (ሙሉ ስም/እስከ አያት/)					
Sex					
Date of Birth	Date	Month	Year	Remark	
				E.C	
				G.C	
Place of birth					
Nationality					

Present Address			
Region		Tel. Home	
Zone		Tel. Mobile	
Wereda		Email	
Kebele			

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

Desired field of study		
School		
Admission	Regular ☐	Extension☐
Degree Award	M.Sc. ☐	PhD ☐
To be filled in three choice		
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)***				
Institution Name	**Country**	**Starting date**	**Ending date**	**Award**

Name of Institution/Organization	**Sponsorship type**
	Self ☐ **Public College /University/** ☐ **Other Organization (Including)Privet College /University/** ☐

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 _____

Adama Science and Technology University
Registrar Office
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022-110-00-78
Fax:022-110-0033
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Adama

ASTU

Letter of Sponsorship for Graduate Study

(To be filled out and signed by the Head of the Organization)

This office appreciates your assistance in filling out and sending this for to:

ADAMA SCIENCE AND TECHNOLOGY UNIVERSITY
REGISTRAR OFFICE
(Graduate Admissions)
P.O.BOX 1888
ADAMA

On behalf of _____

the organization of which I am the authorized executive, I am committing the said organization to grant financial support to _____

to study in the field of _____

At Adama Science and Technology University. The financial support is intended to cover the tuition fee of the graduate student and shall be maintained to the end of the termination of the program of study. Moreover, I express the organization's agreement to:

a. Maintain the employment status of the student

b. Refrain from obligating the graduate student to undertake extra work assignments which may jeopardize his/her program of study, and

c. Settle the bill of tuition fee that will be issued by the Adama Science and Technology University at the beginning of each semester.

Date: _____ Signature: _____ Office Seal: _____

Name: _____

Position: _____

Organization: _____

E-Mail: _____

Telephone: _____

Fax: _____

P.O. Box: _____

Main Registrar
Adama Science and Technology University
Registrar

NB: Full address of the sponsoring organization is mandatory.