



JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
Application for Graduate Admission

**MASTER OF HEALTHCARE
ADMINSTRATION (MHA)**

FORM-A SGS/05

(2 Copies)

**Attach here your recent
passport size photograph
showing your full face**

Instructions

1. PRINT ALL INFORMATION - USE BLOCK LETTERS
2. COMPLETE APPLICATION IN TWO COPIES
3. SUBMIT THE FOLLOWING ALONG WITH THE APPLICATION:
 - a) Two copies of OFFICIAL TRANSCRIPT should be mailed directly to the office of the registrar by your previous institution.
 - b. Original Degree with two photocopies (candidates may send only two photocopies of the original degree initially, **but they are required to bring in their original degree** when they come to Jimma University for authentication purposes)
 - c. Submit two copies of ESLCE or its equivalent school leaving certificate.
 - d. Application fee of Birr 100.00 (hundred Birr) must be deposited to the following bank address before Nov 25th 2008 and send the receipt with your completed application forms.

**Jimma University
Account No. Gov. 1897
Commercial Bank of Ethiopia
Jimma Branch**

4. NOTE

- I. Application must be submitted no later than the **November 25th 2008**.
- II. **3 Letters of Recommendation** of form-BSGS/05(One copy of the 3 pages long form-BSGS/05 is attached) should be Submitted /mailed directly to the office of the Public Health Faculty Assistant Registrar Office. One of the letters should be from a recent supervisor.
- III. If student is unable to provide his/her original degree, he/she should submit from their institution confirming that the government does approve of their enrollment in the MHA program.

- IV. Form C SGS/05 (attached) which is the letter of sponsorship must be completed by the sponsor.
- V. Applications should be submitted directly to :

JIMMA UNIVERSITY
OFFICE OF PUBLIC HEALT FACULTY REGISTRAR'S OFFICE
P.O.BOX 378
JIMMA, ETHIOPIA



I. PERSONAL DETAILS

1.1. a) Full Name ----- (in Amharic)

b) Full name -----(in English)

First Name	Father's Name	Grand father's Name
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1.2. Sex: Male Female

1.3. Date of Birth: (E.C) -----
(G.C) -----

Day Month Year

1.4. Place of Birth: Town ----- Region -----

1.5. Your Mother's Full Name: -----

1.6. Nationality: -----

1.7. Marital Status: Single Married Divorced Widowed

1.8. Present Address: Kebele _____ Woreda _____ HouseNo. _____
Town _____ Region _____ P. O. Box _____
Telephone No: Home _____ Office _____

1.9. Number of children or dependents: _____

1.10. Name, relationship & address of person to be contacted in case of emergency

1.11. Your present occupation: _____

1.12 Name and address of employer:



II. EDUCATIONAL QUALIFICATION

Name of High School		Location	Years attended From ----- to -----	
High Schools	Name of Institution	Location	Diploma Awarded	Date of award
Colleges/ University				

State field of specialization of your undergraduate study:

Major _____ Minor _____

III. WORK EXPERIENCE

State the kind of work you are engaged in:

IV. RESEARCH

Give particulars of any relevant experience in research. Give references to any published work you have done. Enclose if possible.



V. FINANCIAL SUPPORT

- Government Organization sponsored**
- Non-government organization sponsored**
- Self- Sponsored**

a) If government of non-government organization sponsored, give name and address of the Organization sponsoring your graduate study. Form-C SGS/05 should be completed and duly signed by your sponsor and submitted to the Registrar with your application.

b) If self sponsored, a statement of financial evidence should be attached indicating that your financial Position, or that of your family, is adequate to cover all the tuition and other fees for the whole period of Study at Jimma University. Form-D SGS/05 should be completed and duly signed by you and Submitted to the Registrar with your application.

VI. COLLEGE OF FACULTY APPLIED TO:

**FACULTY OF SCHOOL OF PUBLIC HEALTH, DEPARTMENT OF HEALTH
PLANNING AND HEALTH SERVICES MANAGEMENT**

Proposed field of study: **MHA**

Planned date of enrollment: **March, 2009**

I here by certify that all information given in this document is complete and accurate.

Date _____

Signature of the applicant.....





JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
Application for Graduate Admission

FORM-B SGS/05
(3 Copies)

Letter of Recommendation for Graduate Study

FULL NAME OF APPLICANT _____

DEGREE SOUGHT _____ FIELD OF STUDY _____

The above-mentioned candidate has applied for admission to the school of graduate of Jimma University. The office of the registrar will greatly value your assistance in helping the candidate. Please kindly supply genuine answers to the following questions.

The information provided will be confidential. Please mail the completed form directly to:

PUBLIC HEALTH FACULTY REGISTRAR'S OFFICE
JIMMA UNIVERSITY
P.O. BOX 378
JIMMA, ETHIOPIA

TO BE COMPLETED BY RECOMMENDER:

I. HOW LONG HAVE YOU KNOWN THE APPLICANT?

II. IN WHAT CAPCITY HAVE YOU KNOWN THE APPLICANT?

TEACHER OR PROFESSOR _____ EMPLOYER OR JOB SUPERVISOR _____

RESEARCH ADVISOR _____ OTHER (PLEASE SPECIFY)

III. PLEASE PROVIDE A CANDIDATE EVALUATION OF THE APPLICAT'S PAST

PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD

VII. IN THE RATING CHART BELOW PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER PROFESSIONALS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Good	Fair	Poor	Unable to judge
Research ability					
Command of filed of study					
Written English					
Oral English					
General Education					
Potential as a Teacher					



**VIII. PLEASE INDICATE WHERE THE APPLICANT WOULD RANK
AMONG**

Blew Average	Average	Some what average	Good	Unusual	Outstanding	Truly Exceptional	Inadequate opportunity to observe
Lowest 40%	Middle 45-59%	60-74%	75-89%	90-100%			

OTHERS CURRENTLY IN YOUR DEPARTMENT.

IX. PLEASE CHECK, AS APPROPRIATE:

I recommend this applicant strongly

I recommend this applicant

I recommend this applicant with reservation

I do not recommend this applicant

Name and Title (Print) -----

Institutional affiliation or Business firm if applicable _____

signature _____ Date _____

Please put in a sealed envelop, stamp and send to the above address. The confidentiality will be respected by Jimma University .





JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
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FORM-C SGS/05
(5 Copies)

Letter of Sponsorship for Graduate Study

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

THE OFFICE OF THE REGISTRAR
JIMMA UNIVERSITY
P.O. BOX 378
JIMMA, ETHIOPA

On behalf of _____ the
Organization of which I am a head, I am committing the said Organization to grant
a financial support or employment to _____
in the course of his/her postgraduate training in _____.
The financial support or employment, which is intended to cover the living
expenses of the graduate student, will be maintained until the termination of the
program of study. Moreover, I express the organizations agreement to refrain from
obligating the graduate student to undertake extra work assignments, which may
jeopardize his/her, program of study.

I am cognizant of the fact that the concrete realities of the country dictate that
education in general, and postgraduate studies in particular, must be geared towards
the solution of specific problems affecting the society. I am, therefore, aware that
this specific training my Organization is sponsoring must be geared towards
fulfilling a definite national purpose. Accordingly through my signature affixed

below, I am committing my organization to maintain an appropriate position of employment for the student after the completion.

Date: _____ Signature: _____ Office seal _____

Name _____

Position: _____

Organization: _____ Address: _____

**JIMMA UNIVERSITY
REGISTRAR OFFICE**

