



JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
Application for Graduate Admission

2002
FORM-A SGS/08

(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:
 - ☛ Original degree with two photocopies
 - ☛ A receipt of Birr 100.00(hundred Birr) application fee
 - ☛ 2 recent pass port size photograph
 - ☛ Letter of sponsorship (form CSGS) should be completed and signed by the head of your organization. Or completed self sponsorship form.

NOTE

- i. Application must be submitted not later than the week of **Dec 5, 2011**
- ii. Letter of Recommendations of form-BSGS/05 should be mailed directly to the office of the Registrar by your references.

Please specify the programmed of your choice (✓)	
<input type="checkbox"/> MPH <input type="checkbox"/> MSc in Environmental Science And Technology <input type="checkbox"/> MSc in Health Monitoring and evaluation <input type="checkbox"/> MSc in Horticulture (Industry Oriented) <input type="checkbox"/> MSc in Plant Pathology <input type="checkbox"/> MSc in Animal Production <input type="checkbox"/> MSc in Plant Biotechnology <input type="checkbox"/> MSc in Plant Breeding <input type="checkbox"/> MSc in Agronomy <input type="checkbox"/> MSc in Entomology <input type="checkbox"/> MVSc in Veterinary Medicine <input type="checkbox"/> MSc in Natural Resource Management	<input type="checkbox"/> Specialty Certificate in Pediatrics and child health <input type="checkbox"/> Specialty Certificate in Surgery <input type="checkbox"/> Specialty Certificate in Internal Medicine <input type="checkbox"/> Specialty Certificate in Ophthalmology <input type="checkbox"/> Specialty Certificate in Obstetrics and Gynecology

PERSONAL INFORMATION

- 1.1. A) Full name(in Amharic) -----
 (In English) -----
 First Name Father's Name Grand father's Name
- 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 _____ House No. _____
 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

II. EDUCATION AND PROFESSIONAL EXPERIENCE

2.1 EDUCATION

☛ Secondary school

Period (dd/mm/yyyy-dd/mm/yyyy)	Name of the institution	Address

☛ Tertiary education

(In reverse chronological order, starting with the most recent study)

Period (dd/mm/yyyy-dd/mm/yyyy)	Name of the institution	Name of studies	Type of diploma or certificate obtained	Grade/ results

2.2. PROFESSIONAL EXPERIENCE

(List in reverse chronological order, starting with your current job)

Name and address of employer	Period	Position and description of responsibilities

III. RESEARCH

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

VI. FINANCIAL SUPPORT

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

a) If government or 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.

I here by certify that all information given in this document 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.

Date _____ signature of Applicant _____

For official use only

TO BE COMPLETED BY THE CHAIRMAN OF FACULTY ACADEMIC COMMISSION

RECOMMENDATION: Admitted Not admitted

Name of Advisor: _____

Date _____ Signature _____

Chairman, Faculty Academic Commission

(Please attach minutes of the FAC to the application)

ACTION BY COUNCIL OF GRADUATE STUDIES

Approved

Not Approved

Date _____ Name _____ signature _____

Dean, school of Graduate studies

(Please attach minutes of the CGS to the application)



JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
Application for Graduate Admission

FORM-B SGS/07
(3 Copies)

Letter of Recommendation for Graduate Study

FULL NAME OF APPLICANT _____

DEGREE SOUGHT _____ PROPOSED 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: OFFICE OF THE REGISTRAR

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

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

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

V. PLEASE INDICATE WHERE THE APPLICANT WOULD RANK AMONG STUDENTS CURRENTLY IN YOUR DEPARTMENT.

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%			

VI. 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
Application for Graduate Admission

FORM-C SGS/07
(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, ETHIOPIA

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
OFFICE OF THE REGISTRAR
Application for Graduate Admission

FORM-D SGS/07
(5 Copies)

Self sponsorship Form

From Graduate Study

(To be Filled out and signed by the applicant)

Name of the applicant _____

Employer/ Institution _____ Region _____ Zone _____ City/Town _____

Program intended to join _____

I the undersigned candidate firmly agree to fully sponsor myself and pay the entire necessary tuition fee if I secure admission and abide by the academic rules and regulation and regulation of Jimma University.

Signature _____ Date _____