



JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
Application form for Graduate Program
Admission

FORM-A SGS/07(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 200.00(Two Hundred Birr) application fee
 - 2 recent pass port size photographs
 - Letter of sponsorship (Form-C SGS/07) completed and signed by the head of your organization. Or completed self sponsorship form.
 - Letter of Recommendations of Form-B SGS/07 that can also be mailed directly to the Office of the Registrar by your references.

NOTE

- i. Application must be submitted not later than **July 02, 2021**.
- ii. **Letter of sponsorship (Form-C SGS/07) should be completed and signed by the Federal or Regional Government offices.** If the sponsoring organization is nongovernmental, it is mandatory to make the payment of the tuition cost ahead.

Applied to:

College & Department _____
Program Name _____

Admission type (Please mark in the appropriate box) Regular Evening Weekend Summer

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 _____

1.10. Name, relationship & address of person to be contacted in case of emergency
Name _____ Tel. No. _____

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/07 should be completed and duly signed by you and submitted to the Registrar with your application.

I, hereby, 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 the AC minute to the application)



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FORM-B SGS/07
(2 Copies)

Letter of Recommendation for Graduate Program Applicants

FULL NAME OF THE 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 AN EVALUATION OF THE APPLICANT`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					

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 TICK 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. Its confidentiality will be respected by Jimma University.



JIMMA UNIVERSITY
OFFICE OF THE REGISTRAR
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FORM-C SGS/07
(3 Copies)

Letter of Sponsorship for Graduate Study

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

OFFICE OF THE REGISTRAR

JIMMA UNIVERSITY

P.O. BOX 378

JIMMA, ETHIOPA

On behalf of _____ organization of which I am a head, I am committing the said organization to cover all the costs to _____ in the course of his/her postgraduate training in _____. The financial support which is intended to cover both the tuition fee and living expenses of the graduate student will be maintained until the termination of the program of study. Moreover, I express the organization's agreement to refrain from compelling the candidate 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 which 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 cover the tuition fee and also any other costs entailed to the study and maintain an appropriate position of employment for the candidate after the completion his/her study.

Date: _____ Signature: _____ Office seal _____

Name _____

Position: _____

Organization: _____ Address: _____



JIMMA UNIVERSITY
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FORM-D SGS/07
(2 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 _____

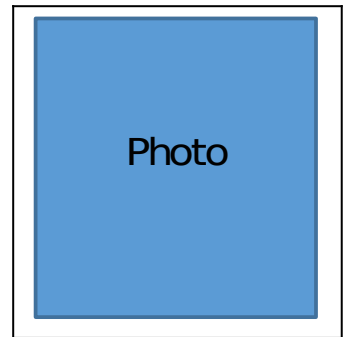
Program intended to join _____

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 of Jimma University.

Signature _____ Date _____



Enrollment Form for Students at Jimma University



Instructions

1. Please write all the required information in BLOCK LETTERS.
2. Complete the application form in two copies
3. Submit the following along with the application form:
 - Original transcript with two photocopies
 - Original entrance result with two photocopies
 - Two recent passport size photographs
 - Completed cost sharing form (For undergraduate regular applicants only)
 - Official transcript (For graduate applicants only)

Section A. General Information

Program name applied

Department

Admission classification (Tick in the appropriate box)

Regular	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Weekend	<input type="checkbox"/>
Distance	<input type="checkbox"/>	Summer	<input type="checkbox"/>	'Bega'	<input type="checkbox"/>

Academic Year in E.C./ G.C.

Section B. Basic Information

Student's Name (in Amharic)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Father's Name	Grand Father's Name

Student's Name (in English)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Father's Name	Grand Father's name

Sex Male Female

Marital status Single Married Divorced

Date of Birth (in G.C.)
(DD/ MM/ YYYY)

Mother's Full Name
(in English)

Mother's Full Name
(in Amharic)

Physical disability (If any) Visual Impairment Hearing Impairment Physically Challenged Mental disorder

If any other, please specify _____

Section C. Previous School Information

<input type="text"/> Country	<input type="text"/> Region/ State	<input type="text"/> Zone
<input type="text"/> District/ Woreda	<input type="text"/> Kebele	<input type="text"/> Entrance Exam ID
<input type="text"/> High School Name		<input type="text"/> University entrance total mark

Diploma obtained (**Except for Regular Undergraduate Students**)
Degree Obtained (Only for postgraduate program applicants)

Section D. Student's Information on Their Current Residential Are (Except for Regular Undergraduate Students)

<input type="text"/> Country	<input type="text"/> Region/ State	<input type="text"/> Zone	<input type="text"/> District/ Woreda
<input type="text"/> Kebele	<input type="text"/> House No.	<input type="text"/> Mobile No.	<input type="text"/> Home Tel. No.

Section E. Student's Latest Employment Information (if any) (Except for Regular Undergraduate Students)

<input type="text"/> Job title	<input type="text"/> Organization Name	<input type="text"/> From (Date)	<input type="text"/> To (Date)
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Section F. Contact address of a person during emergency

<input type="text"/> Relationship	<input type="text"/> First Name	<input type="text"/> Father's Name	<input type="text"/> Mobile / Home Tel. No.
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I hereby certify that all information given in this document is complete and accurate. I will observe all the rules and regulations of the university and declare that I will refrain from any activity which is contrary to the interest of the university.

Date _____ **Signature of the applicant** _____