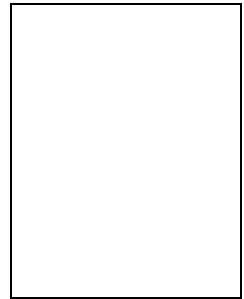




Sebata Health Sciences and Business College
Office of the Registrar
Student Application Form



This form, completed and accompanied by original and photocopies of necessary documents, must be submitted to the office of registrar on or before the specified date of application. Applicants must collect their original copies after their documents have been verified with the photocopies.

Notes:

- Failure to give the required information may disqualify your application.
- Please type or print in BLOCK LETTERS.
- The application fee is non-returnable.

1. **Year of Admission:** _____ **Registration center:** _____
Department: _____

2. **Level:** Level

3. **Admission** (Mark one): Regular Evening Weekend

4. **Personal information**

4.1. **Full name (In capital Letters):** _____

4.2. **Sex:** Male Female

4.3. **Nationality:** _____

4.4. **Date of Birth (in E.C):** _____ / _____ / _____
(Date) (Month) (Year)

4.5. **Marital Status:** Single Married

4.6. **Residence address;** Country: _____ Region: _____
Zone/Sub City: _____ Woreda: _____ House No. _____

4.7. **Educational Background**

Highest level completed: 10th Complete 12th Complete Other

School Attended: Region: _____ Name of the school _____

4.8. **Qualifying exam results:** ESLCE result _____ Grade 10 result: _____

4.9. **Contact Address:** Mobile phone: _____ Office phone: _____
Home phone: _____ P.O. Box: _____ e-mail: _____

5. Responsible person (Optional)

- Full Name: _____ Country: _____ Region: _____
Zone/Sub City: _____ Woreda: _____ House number: _____
- Mobile phone: _____ Office phone: _____
- Home phone: _____ E-mail: _____

6. Person to be contacted in the case of emergency:

- Full Name: _____ Country: _____ Region: _____
Zone/Sub City: _____ Woreda: _____ House number: _____
- Mobile phone: _____ Office phone: _____
- Home phone: _____ E-mail: _____

7. Agreement

I hereby certify all the information given here in above is complete and correct. I am responsible for any action including dismissal that the college may affect me due to misinformation. I am quite aware that I cannot make any claim of reimbursement of whatever fee paid in case of measures leading to suspension or dismissal. I also pledge to observe all rules and regulations of the college including those of my department.

Applicant's Name: _____ Signature: _____

Today: _____
(Date) (Month) (Year)

FOR OFFICE USE ONLY

I certify that the copies attached are the true copies of the original.

Name of Officer (Registrar): _____ Signature _____

Today: _____
(Date) (Month) (Year)