

<p><b>College of Telecommunications and Information Technology (CTIT)</b>  <b>School of Graduate Studies</b>  <b>Tel. 251-1-169900; Fax 251-1-667679</b>  <b>E-mail: gstit@ethionet.et ; P.O.Box 27160/1000</b></p> <p><b>Addis Ababa, Ethiopia</b></p>	<p>Application package should include:</p> <ul style="list-style-type: none"> <li>• Two Copies of Curriculum Vitae/Resume</li> <li>• Two Copies of Degrees</li> <li>• Two Copies of Official Transcripts</li> <li>• Two Recommendation Letters in sealed envelopes</li> <li>• Three Recent Passport Size Photographs</li> <li>• Completed Application Form in two Copies</li> <li>• Sponsorship letter or Statement of Financial Evidence in two Copies</li> </ul>
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**Application for Admission to Postgraduate Study**

**A. To be completed by the Applicant** (Please complete all sections below appropriately and return your application with all supporting documents to the address indicated above). Use Capital Letters throughout.

**Academic Year applied for** \_\_\_\_\_.

**1. Personal Information**

2.1 Name \_\_\_\_\_ (In English)  
 First name Middle name Last name

ሙሉ ስም \_\_\_\_\_ (In Amharic)  
 ስም የአባት ስም የአያት ስም

2.2 Sex:  Male  Female      2.3 Date of Birth: DD/ MM/YY \_\_\_\_/ \_\_\_\_/ \_\_\_\_ (E.C)  
 DD/ MM/YY \_\_\_\_/ \_\_\_\_/ \_\_\_\_ (G.C)

2.4 Nationality: \_\_\_\_\_      2.5 Birthplace/(Country of birth): \_\_\_\_\_

<b>2. Permanent Address</b>	Country/State:	City:
	K. Ketema/District:	Kebele:
	Postcode:	Telephone:
	House No.	E-Mail:
	Fax:	

<b>3. Degree Sought</b>	<input type="checkbox"/> M.Sc. In Telecommunication Engineering
	<input type="checkbox"/> M.Sc. In Information Technology
	<input type="checkbox"/> MBA In Telecom MBA

**4. Educational Record** (Please list all schools, Colleges, and Universities attended in the following section. And attach an extra page if necessary. Start from the recent scholastic achievement.)

to			
Academic Year	Secondary Schools & Higher Institutions attended	Area of Study (Major)	Certificate or degree received
MM/YY	MM/YY		
to			
to			
to			
to			

Please give details of any relevant training attended but not listed above

Title of Course	Institution	Date Attended	Certificate

**5. Employment Information** (Please start from current position)

Date of Service MM/YY                  MM/YY	Title of post	Employers name	Type of Work
to			
to			
to			
to			

**6. Recommendation Letter.** List your referees below. One must be from your employer.

Name	Relationship	Institution/Company	Contact Address
1.			
2.			

**7. English Fluency.** The entire program is operated, administered, and taught in English. How do you evaluate your proficiency level in English?

Spoken:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Limited
Written:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Limited

**8. Funding.** Please specify source of funding and present your sponsorship letter or a statement of financial evidence from Bank along with this application.

- Self-Sponsored     Employer Sponsored

Other, please specify \_\_\_\_\_

**9. Research.** Please state any research and/or publications you made. If any of them have been published, state the title of publication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Awards.** Please state any award you received in recognition of your achievement/merit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Name and address of contact person in case of emergency**

\_\_\_\_\_

**12. Attestation.**

I confirm the statements and the information given above are correct and complete, and hereby give my permission to the Office of Admissions to obtain any verification deemed necessary to process and validate my application.

Name\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

**B. ----- For Official Use Only -----**

(Please don't write below this line)

1. **Application Status** (Registrar Office): Complete  Partially Complete  Incomplete
2. **Recommendation of Department Graduate Committee** (the minutes of the Committee should be attached)  
Admitted  Rejected  Pending

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Chairman, Department Graduate Committee)

3. **Final Decision by the Academic Council** (the minutes of the Academic Council should be attached)  
Approved  Not Approved

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Dean, CTIT)