SAMARA UNIVERSITY

OFFICE OF THE REGISTRAR

STUDENTS BIOGRAPHY FORM

This form, Completed and accompanied by all necessary Education documents, must be returned to the Registrar's Office on or before the end of the registration date declared by the Registrar Office of the University. Please fill all the blank space properly because it will have its own effect on the services that you will obtained from the university.

Attach 3x4 Photograph here

College/School_____

Department/Field of study----------

Admission Classification: ☐ Regular –Full Time ☐ Extension – Week End ☐ Summer

☐ Regular –Part Time ☐ Extension –Night ☐ Distance

Study Level: ☐ Post Graduate Diploma ☐ Bachelor Degree ☐ PhD

☐ Master's Degree ☐Other_____

I. PERSONAL INFORMATION (USE UPPER CASE ONLY)

Basic Information

Student Identification Card Number (ID.No.): _____

| --- | --- | --- |
First Name (English)	**Father's Name**	**G/Father's Name**
ስም(Amharic)	**የአባት ስም**	**የአያት ስም**

Sex: Male ☐ Female ☐

Date of Birth (E.C.) _____ / _____ / _____
Date Month Year

G.C _____ / _____/ _____
Date Month Year

Religion:_____ **Ethnic**:_____

Nationality Ethiopian ☐ Other Specify _____

Marital Status ☐ Single ☐ Married

☐ Divorced ☐Widowed

Language information

Write any three languages that you can speak

1. **----------(mother tongue)**
2. **----------**
3. **----------**

Family Information

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Mother First Name: Mother Last Name

Mother occupation/job ☐ Farmer ☐ Engineer

☐ Merchant ☐ Medical Doctor

☐ Teacher ☐ Nurse

☐ House Wife

Others, specify_____

Father occupation/job ☐ Farmer ☐ Engineer

☐ Merchant ☐ Medical Doctor

☐ Teacher ☐ Nurse

Other, specify_____

Student Birth Place Information

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Region Zone/ Kifle Ketema/ Woreda Town/village name

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Kebele Phone Number E-Mail

Health case /Handicap Information

Are you Handicap? Yes☐ No☐

If your answer is yes select or mention below

☐ Hearing Disability ☐ Brain Disability

☐ Vision Disability ☐ Physical Disability

Other, specify_____

NB medical Board certificate is required to be attached to the office of the registrar

Student Contact Information/ Person to be contacted in case of emergency/

A) PRIMARY CONTACT

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Contact First Name Contact Father's Name Contact G/Father's Name

Contact Address Information

Region:_____ House Phone No:_____

Zone/ Kifle Ketema:_____ Office Phone Number:_____

Woreda:_____ Mobile Phone Number:_____

Town/Village:_____ E-Mail Address:_____

Kebele:_____ House No: _____

Relationship to Applicant:

☐ Mother ☐ Step-Mother ☐ Uncle

☐ Father ☐ Sister ☐ Aunt

☐ Step-Father ☐ Brother Other,_____

B) SECONDARY CONTACT

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Contact First Name Contact Father's Name Contact G/Father's Name

Contact Address Information

Region:_____ House Phone No:_____

Zone/ Kifle Ketema:_____ Office Phone Number:_____

Woreda:_____ Mobile Phone Number:_____

Town/Village:_____ E-Mail Address:_____

Kebele:_____ House No: _____

Relationship to Applicant:

☐ Mother ☐ Step-Mother ☐ Uncle

☐ Father ☐ Sister ☐ Aunt

☐ Step-Father ☐ Brother Other,_____

2. EDUCATIONAL INFORMATION <u>(USE UPPER CASE ONLY)</u>

A) Have you ever been enrolled in any post secondary education? (Diploma, Degree, M.A. M.Sc. Program)

Yes☐ No☐

b) If your answer is yes, give the details in number 2.1 and 2.2 & attach the necessary documents.

c) If your answer is No, give the details for 2.2 and 2.3.

2.1. <u>Post Secondary Education</u>

Name of last two institutions attended	Country	Years attended/E.C		Years attended/G.C		CGPA earned	Max. CGPA expected	Award
		From	To	From	To			

2.2 Secondary <u>School (s) attended (List last Three Schools) Start from Recent</u>

Grade level	Completed Year (E.C)	School Name	Category	Region	Zone/kifle ketema	Woreda	Town
10th			☐Governmental ☐Private ☐Public ☐Religious Others _____				
11th			☐Governmental ☐Private ☐Public ☐Religious Others _____				
12th			☐Governmental ☐Private ☐Public ☐Religious Others _____				

2.3 <u>Grade scored in EHEEQC (Grade 12 result)</u>

(Write the best **seven/five** results you scored in grade 12 including Mathematics & English.)

Subject	Grade Scored /point scored/
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

Total earned point: _____ *Maximum expected point* _____

<u>EHEEQC</u> *Exam taken date (E.C)* (DD/MM/YY)_____ (G.C) _____(DD/MM/YY)

Indicate Your Preparatory School Stream

Natural Science ☐ Social Science ☐ Others Specify _____

3 SPONSOR INFORMATION

☐ MOE ☐ Self

☐ Other

If other then fill the following Information

Organization name:_____

Organization address:

Region:_____ Office Phone Number:_____

Zone/ Kifle Ketema:_____ Mobile Phone Number:_____

Woreda:_____ E-Mail Address:_____

Town:_____ URL:_____

Kebele:_____

House NO:_____

4. STATEMENT BY THE APPLICANT

I hereby certify that all information given in this form is complete, correct and accurate. I fully realize that the University is entitled to take any measure on me including dismissal if the information given by me here is found incorrect or misleading at any time. I further undertake to observe all the rules and regulations of the University and refrain from any activity which may be contrary to the interest of the Ethiopian peoples.

Signature of the applicant _____ Date of Application (E.C)_____(G.C)_____

DONOT WRITE BELOW THIS LINE

Name of the recorder verifying the application form

Name_____ Signature _____Date_____