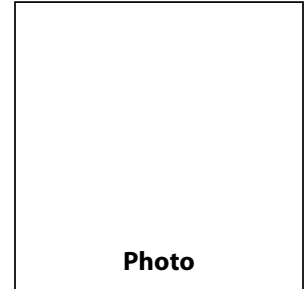




UNIVERSITY OF GONDAR
AT ADDIS CONTINENTAL INSTITUTE OF PUBLIC HEALTH
MASTER OF PUBLIC HEALTH IN SPECIALTY TRACKS PROGRAM
APPLICATION FORM
OCTOBER 2017

Instruction:

1. USE BLOCK LETTERS
2. COMPLETE APPLICATION
3. Email the scanned copy of the following documents along with your application form to the registrar office. *(Please bring the hard copies in person to registrar office for verification before the entrance examination date)*
 - a. Your Degree
 - b. ESLCE / equivalent
4. Official TRANSCRIPT of *undergraduate Degree program or above*; mailed directly to Addis Continental Institute of Public Health by your previous institution of higher education: P.O. Box 26751 code 1000, Addis Ababa Ethiopia.
5. Three letters of recommendations (form available at www.addiscontinental.edu.et) emailed directly to UOGaciph@gmail.com



INFORMATION: Application for the program is considered eligible if and only if application fee is deposited and deposit slip is submitted to the registrar office. The training will be conducted at the Addis Continental Institute of Public Health, Addis Ababa. University of Gondar will offer the DEGREE upon successful completion of all requirements.

Name & Title (Mr. Mrs, Ms, Dr.) Female
 Male

Date of Birth Nationality

Current position/Job Title

Institutional Affiliation (Employer)

Mobile Number Office/Home Tel:

Email Address

Present Address:

Region Woreda

Kebele House Number

Telephone Mobile Telephone Home

Contact Person in case of Emergency

Contact person's Telephone

Post-Secondary Education

Year & Month	Institution Attended	Major Subject	Degree Completed

List relevant work experience (Begin with most recent employment, and include all current jobs. You may attach additional information on a separate page if necessary.)

Dates from-to	Position/ title	Employer	City/ Country

List your publication (If necessary, place on separate sheet)

Title of Publication	Date, where published (Journal)

List Award: scholarships, fellowships, grants, or other awards you received, including grants to attend international conferences, workshops, or seminars. (If necessary, place on separate sheet.)

- 1
- 2
- 3
- 4
- 5

List Three Reference: reference letters (recommendation letters) must be submitted in support of your application. Please use the reference form of ACIPH to obtain recommendations

1	
2	
3	

Choose your first and second most Preferred area of Speciality tracks on the space provided: *Speciality track program will be offered only if there are sufficient applicants.*

Speciality Tracks:

- * Clinical Epidemiology
- * Reproductive Health
- * Health Economics
- * Monitoring & Evaluation
- * Human Nutrition
- * Health Informatics

1st Choice

2nd Choice

Training Modality preference (The modality with higher number of applicants will be implemented)

- Week days Regular hour class (Monday - Friday)
- Weekend class (Every Saturday & Sundays)
- Either of the two modalities

Date of Application

Signature Field

Email the completed application to UOGaciph@gmail.com or print and submit the completed hard copy in person to ACIPH registrar office.

Application Period: September 25 - November 2, 2017

Deadline for application: November 2, 2017

Entrance Examination: December 2, 2017

For Further Information:

Call : 0116390000/4

Email: UOGaciph@gmail.com

visit: www.addiscontinental.edu.et

OFFICIAL USE ONLY

Admitted

NOT Admitted

Name of Responsible

Date

Signature Field