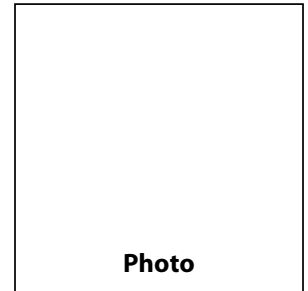


HARAMAYA UNIVERSITY
AT ADDIS CONTINENTAL INSTITUTE OF PUBLIC HEALTH
MASTER OF PUBLIC HEALTH IN SPECIALTY TRACKS PROGRAM
APPLICATION FORM
NOVEMBER 2018

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 admission.aciph@gmail.com



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

Name & Title (Mr. Mrs, Ms, Dr.)	<input type="text"/>	<input type="radio"/>	Female
		<input type="radio"/>	Male
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Current position/Job Title	<input type="text"/>		
Institutional Affiliation (Employer)	<input type="text"/>		
Mobile Number	<input type="text"/>	Office/Home Tel:	<input type="text"/>
Email Address	<input type="text"/>		

Present Address:

Region	<input type="text"/>	Woreda	<input type="text"/>
Kebele	<input type="text"/>	House Number	<input type="text"/>
Telephone Mobile	<input type="text"/>	Telephone Home	<input type="text"/>
Contact Person in case of Emergency	<input type="text"/>		
Contact person's Telephone	<input type="text"/>		

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:

- * Reproductive Health
- * Public Health Nutrition

1st Choice	
2nd Choice	

Session venue preference *(second option will be considered depending on the size of the group)*

- ACIPH Ayat campus
- Meskel Flower Tutorial Center
- Either of the two

Date of Application

Signature Field

Email the completed application to admission.aciph@gmail.com or print and submit the completed hard copy in person to ACIPH registrar office. Training starts: February 2019

Deadline for application: December 15, 2018
Entrance Examination: December 22, 2018

For Further Information:

Call : 0116390000/4

Email: admission.aciph@gmail.com

visit: www.addiscontinental.edu.et

OFFICIAL USE ONLY

Admitted

NOT Admitted

Name of Responsible

Date

Signature Field