



**Addis Continental Institute of Public Health**  
**GENERAL MASTER OF PUBLIC HEALTH 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; 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](http://www.addiscontinental.edu.et)) emailed directly to registrar.aciph@gmail.com

**Photo**

**INFORMATION:** *The training will be conducted at the Addis Continental Institute of Public Health, Addis Ababa starting February 2019. Addis Continental Institute of Public Health will offer the DEGREE upon successful completion of all requirements. Application for the program is considered eligible if and only if application fee is deposited and deposite slip is submitted to the registrar office.*

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	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

**Financial Support**

- Government Organization (*sponsorship letter must be submitted to the Registrar office along with the application*)
- Non-Government Organization (*sponsorship letter must be submitted to the Registrar office along with the application*)
- Self-Sponsor

**Place of training preference** (*second option will be considered depending on the size of the group*)

- ACIPH main office Ayat Campus
- Meskel Flower Tetorial Center (*depending on the size of the group*)
- Either of the two

<b>Date of Application</b>	<input type="text"/>	<b>Signature</b>	<input type="text"/>
----------------------------	----------------------	------------------	----------------------

Email the completed application to [admission.aciph@gmail.com](mailto:admission.aciph@gmail.com) or print and submit the completed hard copy with the necessary documents in person to the registrar office.

**Application Deadline: December 15, 2018**  
**Entrance Examination: December 22, 2018 at 9:00am**

**For Futher Information:**

**Call :** 0116390000 / 0118965240  
**Email:** [registrar.aciph@gmail.com](mailto:registrar.aciph@gmail.com) / [mph.aciph@gmail.com](mailto:mph.aciph@gmail.com)  
**visit:** [www.addiscontinental.edu.et](http://www.addiscontinental.edu.et)

**OFFICIAL USE ONLY**

- Admitted
- NOT Admitted

Name of Responsible

Date

Signature Field