



**Addis Continental Institute of Public Health**  
**GENERAL MASTER OF PUBLIC HEALTH PROGRAM**  
**APPLICATION FORM**  
**MAY 2020**

**Instruction:**

1. USE CAPITAL LETTERS
2. COMPLETE APPLICATION
3. Email the scanned copy of the following documents along with your application form to the registrar office.
  - 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 emailed directly to registrar.aciph@gmail.com (form available at [www.addiscontinental.edu.et/apply-to-aciph](http://www.addiscontinental.edu.et/apply-to-aciph))

**Photo**

**INFORMATION:** The training will be conducted at the Addis Continental Institute of Public Health, Addis Ababa starting October 2020 (face to face / virtual). 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/ payment proof is emailed to registrar at registrar.aciph@gmail.com.**

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 available on the website to obtain recommendations

1

2

3

**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

**Training Modality preference** (modality with higher number applicants will be opened)

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

**Date of Application**  **Signature**

Email the completed application to [admission.aciph@gmail.com](mailto:admission.aciph@gmail.com).

**Application Deadline: August 15, 2020**  
**Entrance Examination: to be determined**

**For Futher Information:**  
**Call :** 0116390004 / 00  
**Email:** registrar.aciph@gmail.com / mph.aciph@gmail.com / admission.aciph@gmail.com  
**visit:** www.addiscontinental.edu.et

**OFFICIAL USE ONLY**

- Admitted  NOT Admitted

Name of Responsible Person

Date

Signature Field