



Addis Continental Institute of Public Health

MASTER OF PUBLIC HEALTH PROGRAM

APPLICATION FORM

APRIL 2024

Instruction:

1. USE CAPITAL LETTERS
2. COMPLETE APPLICATION
3. Email/bring the scanned/ copy of the following documents along with your application form to the registrar office.
 - a. Your Degree / 'and Equivalence if Degree is from abroad
 - b. Student copy first degree
 - c. 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)

Photo

INFORMATION: The training will be conducted at the Addis Continental Institute of Public Health, Addis Ababa for September 2024 admission. 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 the required documents are submitted, application fee is deposited and deposit slip/ payment proof is emailed to registrar.aciph@gmail.com.**

1st Name & Title (Mr. Mrs, Ms, Dr.)	Father Name / Middle name	Grand Father Name	<input type="radio"/> Female <input type="radio"/> Male
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Full Name in Amharic (including grand father name)

Date of Birth E.C Place of Birth Woreda (for place of Birth)

Sub City if place of birth is in Addis Ababa Woreda (for place of Birth)

National Exam Score/ 12th grade National Examination ID No.

TaxPayer ID No. Nationality

Current position/Job Title

Institutional Affiliation (Employer)

Mobile Number Office/Home Tel:

Applicant Email Address

Present Address:

City Sub City

Woreda House Number

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 three recent publications

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

Date of Application

Signature

Email the completed application to admission.aciph@gmail.com.

Application Period: April 1 - June 30, 2024
Application Deadline: June 30, 2024

Venue: Addis Continental Institute of Public Health Main Campus

For Futher Information:

Call : 0955444449/0116390000 / 04

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