

Office of the Registrar

P.O. Box 12382, Addis Ababa, Ethiopia, Tel: 0118959238, 0118959239, 0118965376, 0118965377

E-mail: hopeuc_dl@yahoo.com, Website: www.hopeuniversitycollege.org Application Form for a Bachelor's Degree

1. Instruction

This application form is for a regular day/Extension night program and must be completed legibly by the applicant. Mark X where applicable. Return or mail or email the completed application form to the college with two passport size color photos and a copy of last school's or college's transcript. Documents will be verified by originals in due course and can be scanned.

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Regular	Extension
If applying for extension please indicate, Lebbu campus	_Ayertena campus
2. My Choice for a field of study in an order of preference of 1to	8 are (1being most preferred):
Accounting and Finance Mana	agement
Marketing Management Info	rmation Technology
Information Systems Arch	nitecture
Environmental Science Food	Science & Technology
3. First Name Father's Name	Grand Father's Name
4. Gender: Male Female Religion	Nationality
5. Date of Birth:)_ Place of Birth	Region
6. Current Address:	
7. Telephone No:Mobile No	
8. Name of last high school or collegeTe	lephone No
9. Address of school:	
10. If you are an Ethiopian applicant, have you met the Ethiopia Yes No If yes, please attach a copy of the resu	
11. If you are applying to transfer from another institution of highloma to a degree, please attach a copy of your transcript from	
12. Declaration by the Applicant	
I hereby declare that the information in this form is accurate. The from reimbursing me for any payment that I might have made if	
that submission of this application form does not guarantee admis-	
Signature of Applicant Date of Appl	: 6