



### APPLICATION FORM FOR ADMISSION TO POSTGRADUATE PROGRAMS

Website: [www.amouduniversity.org](http://www.amouduniversity.org)  
 Email: [spgsradmissions@amouduniversity.org](mailto:spgsradmissions@amouduniversity.org)  
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#### PART I - PRELIMINARIES

Intake Year: ..... Month: ..... Ref No:.....  
 Receipt No: (Attach Original):.....  
 Degree Applied For: (PGC/PGD/MASTER/PHD/POST DOC):.....

Affix your current  
Passport size  
photograph.

**THREE (3) copies of this form should be typed or completed in block letters and returned to the Dean, School of Postgraduate Studies and Research, Amoud University, Somaliland.**

#### PART II - BIOGRAPHIC INFORMATION

1. .... / .....  
 (Last name) (Other names)
2. Date of Birth: ..... Country of Birth:.....
3. Gender: M/F ..... Marital Status: Married/Single/Other.....
4. Citizenship: ..... Religion: .....
5. ID/Passport No. .... Place of Issue: .....
6. Country of Permanent Residence ..... Town/City: .....
7. Address: ..... Phone No..... Email: .....
8. Do you have any special needs? (Yes/No): .....  
 Specify: Visual/Hearing/Physical/other:.....
9. Name of next of kin: ..... Relationship: .....  
 Address: ..... Tel No.: ..... Email: .....
10. Contact person in case of Emergency:..... Address: .....  
 Tel:..... Email: .....

#### PART III - EDUCATIONAL BACKGROUND

1. Indicate your post-secondary education and qualifications obtained (Attach certified copies of certificates and academic transcripts).

Name of Institution	Dates	Field of Study	Award

2. State any qualifying practical experience related to this programme (if applicable).  
 .....  
 .....
3. Have you been admitted for a postgraduate programme in this University or any other institution before? (Yes/No).....
4. If YES:
  - i. Name the institution attended:.....
  - ii. Year attended:.....
  - iii. Qualification attained:.....
  - iv. Please explain why you are now seeking admission at Amoud University.  
 .....  
 .....

**PART IV - EMPLOYMENT RECORD**

1. Summarize your employment record. (Attach certified copies of testimonials if necessary).

Name of Institution	Dates	Specific Responsibilities & Accomplishments

2. State any practical work experience related to this programme (if applicable).  
 .....  
 .....

**PART V - PROGRAMME DETAILS**

1. Name of Degree/Diploma/Certificate: .....
2. Field of Study/Specialization: .....
3. Faculty/Institute/School/Centre: .....
4. Department: .....
5. Mode of study (tick appropriately):
  - i. Full time: .....
  - ii. Part time: .....
  - iii. Distance Studies: .....
  - iv. School Based: .....
  - v. Occasional Student: .....
6. Study centre: .....
7. Indicate how you intend to finance your studies (Self/Scholarship/other).....

**PART VI - DECLARATION**

I certify that the information I have provided is correct.

Name of applicant: .....

Signature: ..... Date: .....

**PART VII - REFEREES**

Give names and addresses of THREE Academic Referees

1. Name:.....Address:.....Email:.....

2. Name:.....Address:.....Email:.....

3. Name:.....Address:.....Email:.....

**Note: Attach original receipt slip as proof of having paid the non-refundable application fee of 30 US dollars for Somaliland citizens and 50 US dollars or its equivalent for other citizens. PhD application fee is 70 US dollars for all nationals. Amoud University Zaad Account is 400056.**

**PART VIII - ADDITIONAL INFORMATION**

Note that:

- 1. No student can register for more than one University programme at the same time. Breach of this regulation leads to automatic cancellation of admission to the University.
- 2. Cases of impersonation, falsification of documents or giving false and/or incomplete information whenever discovered either at registration or afterwards, will lead to automatic cancellation of admission.
- 3. Copies (not originals) of the academic documents should be attached to each application form (i.e. transcripts and certificates)

**PART IX - FOR OFFICIAL USE ONLY**

1. Recommendation of Department. Accept:.....Reject:.....

Reason(s) for rejecting application:

.....  
.....  
.....

Head of Department: Signature:.....Date: .....

2. Recommendation of Faculty/Institute/School (PGC). Accept:.....Reject:.....

Reason(s) for rejecting application:

.....  
.....  
.....

Dean of Faculty: Signature:.....Date: .....

3. Recommendation of Board of Postgraduate School. Accept:.....Reject:.....

Reason(s) for rejecting application:

.....  
.....  
.....

Dean of SPGSR: Signature:.....Date: .....