AMOUD UNIVERSITY



OFFICE OF THE CHIEF REGISTRAR

APPLICATION FOR ADMISSION INTO AMOUD UNIVERSITY UNDERGRADUATE PROGRAMMES

General Instructions

- 1. This form should be typed or completed in **BLOCK LETTERS**, and returned to: **The Chief Registrar**, **Amoud University**, **Borama**, **Somaliland**.
- 2. The applicant should attach copies of his/her;
 - i. Professional and academic certificates and transcripts.
 - ii. Copy of national identity card/passport/official form of identification.
 - iii. Two (2) one by one inch (1" x 1") colour passport size photographs.
 - iv. Current appointment letter (where applicable).

SE	CTION A (About the Applicant	t)		
A -	1 (Applicant's Personal Informati	on)		
1.	Name:			
	(First name)	(Middle names	in full)	(Last name)
2.	SEx: Male [] Female []	•	,	,
	Contact Address			
4.	Permanent Address			
5.	Telephone No:		Email	
	Nationality:			
	Date of Birth:/			
	(Day)	(Month)	(Year)	
8.	Region of Origin:			
	3		8	
A2	- (Contacts of Next of Kin. W	Tho to contact in	n Case of Emergen	cy)
	Name			
2.	Relationship			
	Telephone No:			
	Contact Address			
	Permanent Address			
A3	- (Contacts of Guardian. The	Peron Responsil	ole for Your Educat	tion)
	Name			
	Relationship			
	Telephone No:			
	Contact Address			
	Permanent Address			
	Termanent riddi ess			
A 4	- Funding			
	How do you intend to finance y	rour education at	Amoud University?	
1.	Scholarship [] Sponsor [] S			
9	Briefly explain	cii i aiiiiiy/ii	Temervel Jourer	_ openiy
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AMOUD UNIVERSITY



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A5 - Previous Enrol 1 . Have you previous 2 . If yes please indic	sly enrolle	ed for a progra	mme at Amoud U gistration number	niversity:	PYes[]No[]	
A6 - Disability 1. Do you have any fig. 2. If YES, please incomes NB: Kindly note that admission and will note	orm of phylicate the the inform	ysical disability specific naturnation on the nation and an angainst you in an	y? Yes [] No [] e of the disability eature of disability ny way whatsoever.] will not	be used to evaluate your	
SECTION B (Educa B1 – (Education Back		ground and W	Vork Experience)			
Year of Completion		tion/School Award			Grade	
Academic						
				<u>-</u>		
Professional						
Somaliland GCSE Ro B2 – (Work /Researc						
Period		Institution		Role	Role	
2. Select your prefer [] Full Time [] Part Time	ferred are Health S ; Busines Other [cred mode Education ng (Digita	ea of study in a Sciences [] s/Economics [] Specify e of study at A Programmes Il School)	; Social Sciences []; Computer amoud University s (February/Ma	[]; P Science [Physical Sciences []; []; Engineering [];	

AMOUD UNIVERSITY



OFFICE OF THE CHIEF REGISTRAR

	SECTION D (Declaration by the Ap	рпсапт) , hereby declare that to the best of my knowledge				
1.		his application is complete and correct.				
2.		I understand that any false information found therein may result in ineligibility for my				
	application or termination of my admission at a later date.					
	Signature:	Date:				
	FOR OFFICIAL/COMMITTEE	USE ONLY. DO NOT FILL THIS SECTION.				
SF	SECTION E (Analysis and Evaluation	n)				
	, ·	-)				
1.	1. Recommendations					
	• Approved []					
	Not ApprovedDeferred					
	• Deferred []					
2.	2. Reasons for deferment/non approva	d:				
	• Incomplete Information]				
	Not Qualified					
	• Other	7				
		~ 				
		gt.				
	Analyzed by Name:	Sign: Date:				
SE	SECTION F (Action Taken)					
	• Admit []					
	7 -					
	• Reject []					
	• Follow-up action:					
	Cl b	D 4				
		gn:				
		gn: Date:				
	Stamp:					