



## Hoassana Health Sciences College Office of the Registrar student Application Form

**Program Type:** Regular ☐ Evening ☐ Summer ☐ Up grading ☐  
Distance ☐ Other-----

**Academic year** -----

**1. Student personal information :**

1.1. Name -----father -----G. Father Name -----

1.2. Sex: Male ☐ Female ☐

1.3. Birth Date -----

1.4. Native Language ----- Other Language 1.-----  
2.-----

1.5. Address

Region-----Zone-----Woreda-----Town ----- House No---

1.6. Completed school:

1.6.1. Grade 1-6 -----school

1.6.2. Grade 1-8 -----school

1.6.3. Grade 9-12-----school

1.6.4. Diploma -----school

1.6.5. Degree-----school

**2. Family information:**

Mother Full name-----place of birth-----

**3. Person to call during emergency:**

Full Name-----Relationship-----

Region-----Zone-----woreda-----town-----

Kebele-----House No-----

Telephone; Home-----office-----mobile-----

Here, I Certify that all the information filled above are correct and reliable. If any wrong Information found illegally, I agree to take responsibility and to accept any measure that can be taken upon me.

Student's signature-----

Date of admission-----