



Office of the Registrar

P. O Box 12382, Addis Ababa, Ethiopia, Tel.: 0118959238, 0118959239, 0111573427

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 program only and must be completed legibly by the applicant. Mark **X** where applicable. Return or mail or email the completed application form to the university 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.

2. My choices for a field of study in an order of preference of 1 to 5 are (1 being most preferred):

Accounting and Finance _____ Entrepreneurship and Management _____ Marketing Management _____

Information Technology _____ Information Systems _____

3. First Name _____ Father's Name _____ Grandfather's Name _____

4. Gender: Male _____ Female _____ 5. Nationality: _____ 6. Date of Birth _____

7. Place of Birth: Place _____ State _____ Country _____

8. Current Address: _____

Telephone No. _____ Mobile No. _____

9. Name of last high school or college _____ Telephone No. _____

Address: _____

10. If you are an Ethiopian applicant, have you met the Ethiopian Higher Education Entrance Certificate

Examination or its equivalent? Yes _____ No _____. If yes, please attach a copy of the result.

11. If you are applying to transfer from another institution of higher education or to work for another degree or to upgrade your diploma to a degree, please attach a copy of your transcript from the institution of last attendance.

12. Declaration by the Applicant

I hereby declare that the information in this form is accurate. The university college may take any action against me and refrain from reimbursing me for any payment that I might have made if the information in this form is false or misleading. I also realize that submission of this application form does not guarantee admission to the university college.

Signature of Applicant _____ Date of Application _____