



UNIVERSITY OF ASMARA

The School of Graduate Studies

APPLICATION FORM

1. Applying for: Department _____ Semester ____ Acad. year ____
2. Application for: Full-time _____ Part-time _____
3. Name: First Name _____
Father's name * or Middle Name _____
Grand Father's name * or Last Name _____
4. Gender: Male _____ Female: _____
5. Date of birth: _____ (mm/dd/yyyy)
6. Birth place (Village*/town*, Zoba* , Country): _____
7. Nationality: _____
8. Eritrean ID. No.* or Passport No. : _____
9. Marital status: Married: _____ Single: _____ Divorced: _____
10. a) Contact Information (applicant):
Mailing Address: _____

Tel. _____ (work) _____ (home)
Fax: _____ E-mail : _____
- b.) Next of kin: Relationship: _____
Name: _____
Mailing Address: _____

Tel. _____ (work) _____ (home)
Fax: _____ E-mail : _____

* Eritrean Citizens Only

11. Why did you choose to apply to the School of Graduate Studies of the University of Asmara?

12. Briefly discuss the general topic on which you would like to write your master's thesis. Also describe the methodologies involved and state the specific aims & significance of the research.

13. Education:

List all secondary/high schools and post-secondary institutions attended. Start with the last attended.

Name of institution	Country	Major Field	Degree/ Diploma received	Dates attended (from-to)	Date degree/diploma received

14. Undergraduate GPA: major GPA: _____; cumulative GPA: _____

15. List major academic recognition & honors received, and memberships in professional societies

16. Employment record:

Employer	Country	Position/Title	Dates: from - to

17. List relevant activities/research in which you participated as a B.A./B.Sc. holder, most recent first.

18. Give titles of publications, major papers, or theses of which you are author or co-author. If published, give citation.

19. English Proficiency test, IELTS, TOEFL (if applicable):

Date of exam: _____ Score: _____

20. Housing interest (at the UoA's Sembel housing): Yes or No

21. Are you interested in financial assistance/award (Teaching / Research Assistantship, or Program Fellowship) from the University of Asmara? YES _____ NO _____

22. If you are not applying for financial assistance/award, how will your education be funded? Self Employer/government Other: Please specify:

23. List the three persons who will be submitting letters of recommendation.

Name	Title/position	Institution/Company	Country

24. I certify that all information in this application is true and complete and I am the author of my personal statement. I understand that the University of Asmara may verify any information I have provided. Falsification or omission of information and credentials may result in the withdrawal of my application or in the revocation of admissions, financial award, or registration.

Print Name _____

Signature _____

Place and Date _____