



**Graduate studies Centre ; Mogadishu & Hargeisa
20----/20---- in take**

Masters Degree Application Form
(Note that this form costs a non refundable fee of \$50)

Name of applicant	First Name		Photo here
	Middle name		
	Last name		
Other Personal Details			
Date of birth			
Gender (tick one)		Male/Female	
Birth of place			
Nationality			
Country ID. No			
Passport No			
Email Address & Mobile numbers			
Program of your interest (tick box against your choice)			
Masters Degrees offered		<ul style="list-style-type: none"> • Business Administration • Public Administration • Education Management • Public Health • Health Science Management • Economics Policy and Planning • Economic Policy and Management • Diplomacy & International Relations • Development Studies • Peace & Conflict Studies • Environmental Science • For more programmes, please consult with KU brochures 	

Most Recent University Attended (attach photocopies of certificates obtained)				
Name and Address of School			From	To
Details of Employment				
From	To	Name and Address of Employer	Job Title/Duties	
1. .				
2. .				
3. .				
Details of References/Guardian/Sponsor				
Name		Address	Telephone	
1.				
2.				

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

- Employment record: Employer Country Position/Title Dates: from – to

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

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

- Are you interested in financial assistance/award (Teaching / Research Assistantship or Program Fellowship) from the Hope University? YES/NO

- If you are not applying for financial assistance/award, how will your education be funded? Self Employed, government or Otherwise: Please specify:

- List the three persons who will be submitting letters of recommendation.
Name Title/position Institution/Company Country

I _____ certify that all information in this application is true and complete and I am the author of my personal statement. I understand that Hope University and Kampala University 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.

<i>Signature</i>		<i>Date</i>	---/---/20---
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For official use only

Senate decision: (tick one)

Admitted		Course offered →	
Not admitted			

Comment:

Designation -----

Name ----- **Sign** -----

Date --/---/20--