



MYUNGSUNG MEDICAL COLLEGE

Form 1: APPLICATION FOR MEDICAL SCHOOL ADMISSION

REGISTRATION NUMBER

Do not write in this area.

Please type or print in English. This form is 2 pages in length. All dates are in Gregorian Calendar.

ACADEMIC YEAR IN COLLEGE

Which academic year are you applying for? Year of 202\_\_

Check the appropriate box and indicate your desired program of study. Please consult the admissions guide booklet section on Applications instructions. You may only apply for only one program.

Undergraduate 1st year College MMC

Undergraduate Transfer College MMC

PERSONAL INFORMATION

Attach on your 3x4 Photo Here

Name in English: Mr. / Ms. First Middle Family/Last

Name in Amharic:

Ethiopian University Entrance Examination (EUEE) Admission Card Reg.No:

Identification (ID) Card Number

Type of Identification (ID) Card possessed:

Kebele Registration ID Resident's Registration ID

Other: Specify type of ID

Passport Number: Place Issued: Expiration Date:

Age Date of Birth (DD/MM/YY, G.C.): Place of Birth:

Sex: Male Female

Marital Status: Single Married Divorced Other

Religion: Orthodox Muslim Protestant Other

Nationality: when was your nationality acquired?

Mailing Address:

E-mail:

Phone No. in Ethiopia (or phone no. at permanent residence)

Mobile Phone:

If accepted by the college, would you require a residence facility /dormitory/? Yes, I need No, I don't need

FAMILY INFORMATION

FATHER

Father: Alive Deceased Father's Full Name:

Nationality: Date of Birth: Tel:

Father's Identification (ID) Card No. Type of Identification (ID) Card

OR Father's Passport Number: Place issued: Expiration Date:

MOTHER

Mother: Alive Deceased Mother's Full Name:

Nationality: Date of Birth: Tel:

Mother's Identification (ID) Card No. Type of Identification (ID) Card

OR Mother's Passport Number: Place issued: Expiration Date:

Check if applicable: Parents divorced

**EDUCATIONAL INFORMATION**

In chronological order, list the names and complete addresses (including postal code when available) of all the schools and institutions that you've attended. Indicate expected graduation date for the current school. If you need more space please use the space provided at the back of this page. *All dates are in Gregorian Calendar.*

	Dates Attended (DD/MM/YY)	Name of School	Complete Address of School, including Country (in English)	(Expected) Graduation or Last Date of Attendance (DD/MM/YY)	Telephone, Fax	School / Institution E-mail Address
Primary (Elementary ) Schools	From / / To / /			/ /		
	From / / To / /			/ /		
	From / / To / /			/ /		
Secondary (Middle & High) Schools	From / / To / /			/ /		
	From / / To / /			/ /		
	From / / To / /			/ /		
Preparatory Schools	From / / To / /			/ /		
	From / / To / /			/ /		
	From / / To / /			/ /		
Post-Secondary Studies (Undergrad / Graduate)	From / / To / /	(Major: )		/ /		
	From / / To / /	(Major: )		/ /		
	From / / To / /	(Major: )		/ /		

**N.B:** FOR STUDENTS APPLYING OUTSIDE ETHIOPIA, please Indicate here Your IBT or TOEFL grades here \_\_\_\_\_

I declare that the information provided in this application is complete, accurate and true. I understand that any untrue, misleading or omitted information may result in my disqualification from further consideration for admission and can be grounds for of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date (DD/MM/YY)

## Form 2: Applicant / Medical Student's Release and Disclosure Form

The principal purpose for requesting the information on this form is to conduct background checks. Furnishing all information on this form is **mandatory**— failure to provide such information may result in determination that the applicant is ineligible for admission.

### Disclosure:

Have you ever been convicted for any civil or criminal offence?  No  yes

Have you ever suffered from any psychiatric illness, including depression?  No  yes

Have you ever suffered from any addiction (such as alcohol, drugs, chat, and pornography)?  No  yes

If you answered “yes” to any of the above questions, please expand here: \_\_\_\_\_

\_\_\_\_\_

Background checks are required for medical students admitted to MMC for the security of the college resources. If the background check reveals a criminal conviction or other information relevant to medical studies at MMC you may be disqualified from being admitted to MMC. Your background check may contain criminal records (fingerprints), civil records, driver's license status (if available), and employment history (if available).

**Authorization:** I understand that I am required to furnish the attached information for MMC use in determining my qualification for the position which has been classified as sensitive by MMC. I authorize any law enforcement agency to release to MMC any information about me which includes but is not limited to any data or materials involving disciplinary matters that are currently sealed. It also includes any data or materials involving disciplinary matters to which I am a party. I agree that a photocopy of this Authorization may be accepted by any law enforcement agency or by the Admissions Committee in the same manner as the original.

**Release:** I hereby release, discharge and exonerate any person, agency or entity supplying information and documents about me to MMC pursuant to the above Authorization from any and all liability of every nature and kind arising out of the furnishing of such information and documents. I understand that MMC has sole authority to designate which positions or responsibilities require background checks.

**Certification:** I hereby certify that all statements on this and any attached background check forms are true and correct to the best of my knowledge and belief. I understand that MMC solicits this information and may solicit additional information so as to be informed of my previous record and character. I further understand and agree that any misrepresentation, falsification, or omission of facts by me may constitute good cause for corrective action, up to and including my disqualification, release or dismissal from MMC.

I also understand and agree that my admission to MMC is conditional upon MMC's determination that the results of this background check are satisfactory. I further agree and understand that future criminal behavior by me may be considered in a review of enrollment status by MMC.

Print name: \_\_\_\_\_  
*First Middle Last*

Other names you have used: \_\_\_\_\_ Date of birth: \_\_\_\_\_

ID.No. \_\_\_\_\_ Type of ID \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Current address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tell us how you heard about MMC. Please list all that apply:

- Poster at my school
- Read a flyer
- Read about the school on the internet either via either Facebook, MMC school website or internet search engine (circle)
- Heard about MMC from a current student at MMC /Name: \_\_\_\_\_
- Heard about the school on the radio/Fana Broad casting Corporation
- Read a news paper/Addis Admass