APPLICATION FORM FOR ADMISSION | FOOMKA CODSIGA GELITAANKA JAAMACADDA

Academic Year: _____ **Registration No:** _____

PERSONAL INFORMATION | XOGTA SHAQSIYADEEDKA

Full Name	
Mother's Name	
Date of Birth	
Passport/ID Number	
Email Address	
Phone Number	
Full Address	
Gender	☐ Male ☐ Female
Nationality	☐ Somali ☐ Other:
Marital Status	☐ Single ☐ Married

ACADEMIC INFORMATION | XOGTA WAXBARASHADADA

School Last Attended	
Certificate Obtained	
Program Level	☐ Diploma ☐ Bachelor

Select Two Programs (✓): First Choice and Second Choice

Faculty of Health Science
- ☐ Bachelor of Clinical Officer
- ☐ Bachelor of General Nursing
- ☐ Bachelor of Public Health
- ☐ Bachelor of Medical Lab Science
- ☐ Bachelor of Midwifery
- ☐ Bachelor of Nutrition
- ☐ Bachelor of Pharmacology

Faculty of Economic & Management Science
- ☐ Bachelor of Business Administration
- ☐ Bachelor of Accounting
- ☐ Bachelor of Economics
- ☐ Bachelor of Human Resource Management
- ☐ Bachelor of Banking & Finance
- ☐ Bachelor of Logistics & Procurement

Faculty of Sharia & Law
- ☐ Bachelor of Sharia and Law
- ☐ Bachelor of Law

Faculty of Engineering & Computer Science
- ☐ Bachelor of Computer Science
- ☐ Bachelor of Software Engineering
- ☐ Bachelor of Civil Engineering

Faculty of Humanity & Social Science
- ☐ Bachelor of Public Administration
- ☐ Bachelor of Political Science.
- ☐ Bachelor of Social Science
- ☐ Bachelor of Social Work

Diploma Programs
- ☐ Diploma of Midwifery
- ☐ Diploma of Nutrition
- ☐ Diploma of Pharmacology
- ☐ Diploma of Nursing
- ☐ Diploma of IT

RESPONSIBLE PERSON DETAILS | FAAHFAAHINTA QOFKA MAS'UULKA KA AH

Name	
Relation to Student	
Contact Number	

STUDENT POLICY AGREEMENT. | HESHIISKA ARDAYGA

☐ I confirm that the information provided is accurate to the best of my knowledge.

☐ I declare that I have read and agree to follow the Qudus University rules, regulations, and academic policies.

☐ I understand that failure to follow university rules may result in disciplinary action.

Student Signature: _____

Date: / /