**Addis Ababa University**
**Addis Ababa Institute of Technology (AAiT)**
**Office of the Registrar**

Registration Form for Post Graduate Students

Name in Block Letters        ID Number        Nationality

Tel:- _____      E-Mail:- _____

| Institute | Stream | Sex | | Acad. Year | Sem. | Fee.paying | | Class |
|---|---|---|---|---|---|---|---|---|
| Technology | | M | F | | | Yes | No | |

| Course Title | Course No. | ECTS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total ECTS | | |
| | | |

_____      Advisor's Signature      Registrar
Date

*Return all Copies to the Registrar's Office when Completed.*

---