DAHA INTERNATIONAL UNIVERSITY

Mogadishu Somalia





The Source Of Knowledge And Science

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Date:	/	/
Date.	/	/

Registration Form

<u>I</u>	Personal Informat	<u>ion</u>
Student Full Name:		
Mother Name:		
Marital Status: 1, Single	2. Married	
Gender: 1. Male	2. Female	
Place of Birth:Date Of Birth:/		
Address:		
Email:		
Tell/Mobil:		
Mode of Study:		
1. Full Time 2. P	art Time 3. Distan	ce Learning
<u> </u>	ucational Qualific	<u>cation</u>
School Name	Year Graduated	Average Marks (%)
sferred from School	Collage	University

Alternative Programs for University

I. <u>Bachelors</u>
1. <u>Faculty of Health scíence</u>
Medicine and surgery Nursing & Midwifery Public Health Laboratory Science Nutrition
2. Faculty of Economíc & Management:-
Business Administration Accounting & Finance Islamic Banking & finance Economics
3. Faculty of Engineering & Computer Science Telecommunication Engineering Computer Engineering IT Computer Science
4. Faculty of Arts and social science
Public Administration International Relationship & Diplomacy Political science Social Science
5. Faculty of Education:-
Arabic Language English Language Math & Physics Biology & Chemistry 6. Faculty of Agro-Veterinary Science
Agriculture Veterinary & Animal Husbandry
7. كلية الشريعة والقانون
قسم الشريعة والقانون السلمية الإسلامية السلامية التفسير وعلوم القرآن
و علوم الحديثث و علوم الحديث الله العقيدة والفكر الإسلامي الدعوة والسيرة

II.	<u>Díploma Programs: (One Year)</u>
	□ Accounting
	☐ Project Management
	☐ Arabic Language
	□ Pharmacology
	Reference

No.	NAME	ADDRESS	TEL / MOBIL	Email:
1				
2				

DECLARATION BY APPLICANT

I hereby admit to Follow University Code of Conduct. If I do any action against University Policy & Procedures the University Can Stop or Cancel My Learning.

Student Sign:	Admission & Record office:		