

Addis Ababa University
Institute of Educational Research
Testing Center

GAT - Exam Admission Ticket

Test Date: To be announced



Name:	Semahegn	Kassie	Tamer
	_____	_____	_____
	Given Name	Father's Name	Grand Father's Name

Test Taker's Registration Number: 1092647

Sex : ☐ Female ☒ Male

If you have any disability, please indicate one or a combination of the types.

☐ Visual Impairment ☐ Physical/Motor Impairment ☐ Hearing Impairment ☐ Other: _____

Note: *Please bring the printout of this Test Admission Ticket together with your valid ID Card or Passport to the Testing Center.*

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