



HORIZON EDUCATIONAL CONSULTANCY

APPLICATION FORM

Personal Information

First /given Name ABENEZE R
Middle Name ELIAS
Last /family / surname MULUALEM
Date of birth from Month /Day/ Year Jan / 04 / 2005

Parent information

Parent 1

First /given name BETHELHEM
Middle name TADESSE
Last /Family /Surname KIDU
Father occupation Artist
Father education status Engineering

Parent 2

ELIAS
MULUALEM
TEFEREDEGN
DESIGNER

Most recent secondary school name South West Academy

Date of Entry to school _____

Do you graduated from this school YES

Graduating GPA ? _____

Major you want to study International relation and political science

Phone number +251 09 00 043 160 , 09 11 62 63 95

Email Address Abenezer ELIAS 1997@gmail.com

Do you have cosigner? No

I assure that the above information is true and correct to start the application process.

Signature [Signature]

Date October 20/2023