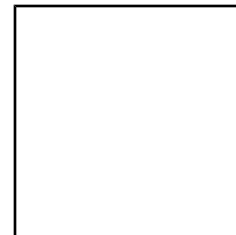


ADDIS ABABA UNIVERSITY

COST-SHARING OFFICE

COST-SHARING BENEFICIARY'S PROFILE



1. Full Name: _____
2. Identity No.: _____
3. Date of Birth: _____ Place of Birth: _____
4. Faculty/College: _____
Department: _____
5. School Name (where beneficiary completed his/her preparatory program): _____
Region: _____ Woreda: _____ Town: _____
6. Beneficiary's agreed to :
- ☐ Provide service
- ☐ Pay from his/her income after graduation
7. Total cost incurred for tuition and other services, in figures: _____ / in words: _____

8. Advance payment (if any): _____
9. Discount: _____
10. Date of advance payment (D/M/Y): _____ Receipt No.: _____

Prepared By :

Checked By :

Approved By :

Signature _____

Signature _____

Signature _____

Date _____

Date _____

Date _____