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1. Applica	ant's Name:	F.Name:	G.F Name:
2. Faculty	y/School/College:		
3. Depart	tment/Specialization:		
4. Degree	e Program: 10+3□	Diploma□ Adva.Diploma□ B	Sc□ MSc□ PhD□
5. Admis	sion Classification:	Regular□ Extension/Weekend□	Summer□ Distance□
6. Currer	nt status: Graduate	d □ Active Student □ Drop (Out □
7. Reques	t for: Medium of instr	ruction□ Grading Scale□	Other:
3. Date o	f Graduation (DD/MN	//YY)://	_ G.C
9. Applica	ant's Signature:	Phone Number:	Date:
	BDU Gradu	ation Verification: https://studentporta	l.bdu.edu.et/
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Attps://t.me/bit_poly_registrar M bitregistrar@bdu.edu.et A+251-582-264060 26