

Addis Ababa University
Institute of Educational Research
Testing Center



GAT - Exam Admission Ticket
Test Date: To be announced

Name: Mieraf Ketema Dinku

 Given Name **Father's Name** **Grand Father's Name**

Test Taker's Registration Number:

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.*

.....