

APPLICANT'S FULL NAME:.....

First Name

Middle Name

Surname



Photograph

PROGRAMME:.....

(Form Number:.....)

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



APPLICATION FORM

GRADUATE PROGRAMMES

DELIVERY OPTIONS

Modular	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	<i>(Please Tick as Appropriate)</i>
Evening	<input type="checkbox"/>	Weekend	<input type="checkbox"/>	<i>(Please Tick as Appropriate)</i>

SCHOOLS:

BUSINESS SCHOOL	<input type="checkbox"/>	SCHOOL OF TECHNOLOGY	<input type="checkbox"/>
SCHOOL OF PUBLIC SERVICE AND GOVERNANCE	<input type="checkbox"/>	SCHOOL OF LIBERAL ARTS AND SOCIAL SCIENCE	<input type="checkbox"/>
		FACULTY OF LAW	<input type="checkbox"/>

PHD
 MRes
 MPhil

EXECUTIVE MASTERS
 MASTERS

PGDIP
 PGCERT

Complete and return this form to the address:

The Dean
 School of Research and Graduate Studies
 P. O. Box AH 50, Achimota - Accra
 Tel: 0302401681-3 Ext. 2018, 1514
 E-mail: admissions@gimpa.edu.gh

GRADUATE PROGRAMMES

DOCTOR OF PHILOSOPHY (Ph.D)

Options:

Marketing
Human Resource Management
Management
Supply Chain Management
Accounting
Finance
Public Administration and Policy Studies

MASTER OF RESEARCH (MRES.)

Options:

Marketing
Management
Accounting
Finance
Supply Chain Management

MASTER OF PHILOSOPHY (MPhil)

Options:

Master of Philosophy in Public Administration
Master of Philosophy in Development Finance
MPhil in Management Information Systems
MPhil in Information and Communication Technology

EXECUTIVE MASTERS

Options:

Executive Masters in Governance & Leadership (EMGLE)
Executive Masters in Public Administration (EMPAE)
Executive Masters in Business Administration (EMBA)

MASTERS Options:

(MBA)

Marketing
Human Resource Management
Finance
Accounting & Taxation
Supply Chain Management

Project Management
Agri Business Management
Healthcare Management
Real Estate Management
Environmental Management

(M/A)

Master of Public Administration
Master of Development Management
Master of Arts in International Relations and Diplomacy

(Msc) Options:

MSc in Management Information Systems
MSc in Information and Communication Technology
MSc Environmental Studies and Policy

POSTGRADUATE DIPLOMA PROGRAMMES

Options:

Post- graduate Diploma in Business Administration (DBA)
Post- graduate Diploma in Management Information Systems
Post- graduate Diploma in Information and Communication Technology
Post-graduate Diploma in Public Administration (DPA)
Post-graduate Diploma in Monitoring and Evaluation
Post-graduate Diploma in Occupational Health and Environmental Safety Management (DOSHEM)

POSTGRADUATE CERTIFICATE PROGRAMMES

Options:

Post- graduate Certificate in Business Administration (CBA)
Post-graduate Certificate in Public Administration (DPA)
Masters in Regional Integration and African Development
Master of Governance and Leadership

**FOR FURTHER ENQUIRES, KINDLY CONTACT THE RESPECTIVE CAMPUSES
ON THE TELEPHONE NUMBERS BELOW:**

ACCRA:
SCHOOL OF RESEARCH AND GRADUATE STUDIES:
0302401681-3(Ext: 1130/1042)
Email: admissions@gimpa.edu.gh

ACADEMIC AFFAIRS DIRECTORATE:
0302401681-3(Ext: 1091/1514)

BUSINESS SCHOOL:0547885139 0302401681-3(Ext: 2101)

SCHOOL OF TECHNOLOGY: 0302401681-3
(Ext: 1043/2076)

SCHOOL OF PUBLIC SERVICE AND GOVERNANCE :
0302401681-3(Ext: 2250/ 2074)

SCHOOL OF LIBERAL ARTS AND SOCIAL SCIENCES:
0302401681-3(Ext: 1496)

KUMASI: 0506024160

TEMA: 0506024162

TAKORADI: 0506024161

NOTE:

- 1). Application Fee is GH¢ 200.00 for Masters and GH¢ 400.00 for Ph.D.
- 2). Applicants should pay to ECOBANK Account Number: 0380014426245701.
- 3). Fee for FOREIGN Applicants is USD \$120.00 for Masters and USD \$200.00 for Ph.D.
Applicants should pay to US Dollar Account: 038-2014426245703, Account Branch: Westland

PROGRAMME:

1st Choice: _____

2nd Choice: _____

SPECIALIZATION: _____

CAMPUS (please tick one)

Accra Tema Kumasi Takoradi

1. Proposed Entry Date (mmyy) _____

2. About You

Title Mr./Mrs. etc _____

First Name	Middle Name	Surname
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Date of Birth (ddmmyy) _____ Sex: Male _____ Female _____

Country of Birth _____ Country of Residence _____

Nationality _____ Name as on previous certificate/Affidavit: _____

3. Contact

Attach copy

Address for correspondence

Telephone Number

E-mail Address

Country _____

4. Academic Achievements

Undergraduate and Postgraduate Qualification(s)

From	To	Name of Institution & Location	Subjects & Grades	Qualifications
mm/yy	mm/yy	GIMPA, Achimota	BSc Admin (1 st Class)	Marketing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Professional Qualification

From mm/yy	To mm/yy	Name of Institution & Location GIMPA, Achimota	Programme
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. EMPLOYMENT HISTORY (include a current CV or Resume)

Name of current employer:

Job Title/Position:

Employer's Address:

7. RESEARCH EXPERIENCE (for Ph.D, Master of Science, Master of Philosophy and Master of Research options only).

Give a brief outline of Research undertaken.

Title of Research, Description and Duration

You may also submit a Research Proposal of not more than 5000 words

PLEASE TYPE YOUR ANSWER ON A SEPARATE SHEET AND ATTACH TO APPLICATION

8. Why do you want to join the GIMPA Programme? Your essay should cover the following:

- (a) Explain your principal reasons for wishing to join the programme;
- (b) Describe your career aspirations in the next decade;
- (c) Describe the contribution you will make to the programme when admitted; and
- (d) State if you will be sponsored and indicate the value you will add to your sponsoring organisation.

REFEREES

Please choose three referees who have direct knowledge of your intellectual ability and/or your professional skills. If you have left further or higher education within the last five years, you should offer at least one academic reference and one employment-related reference. Otherwise you should offer two employment-related references. References from personal friends or relatives are not acceptable. Each referee should complete one reference form, seal it in an envelope, sign across the seal to ensure confidentiality, and then return it to you before you submit your application.

FIRST REFEREE

Name:

Relationship to you:

.....

Position:.....

Name of Organisation:

.....

Telephone Number:

.....

Email Address:

.....

SECOND REFEREE

Name:

Relationship to you:

.....

Position:.....

Name of Organisation:

.....

Telephone Number:

.....

Email Address:

.....

THIRD REFEREE

Name:

Relationship to you:

.....

Position:.....

Name of Organisation:

.....

Telephone Number:

.....

Email Address:

.....

Declaration

I sign to confirm that the details I have given in this application are correct, that I have included all the documents required.

Signature _____

Date _____

Checklist

Please staple your recent passport-sized photograph (3 copies) to your application form. All applicants will be treated on equal grounds irrespective of sex, religion, ethnicity, marital status or physical ability.

Please tick when you have enclosed:

- one application form and CV
 - three passport-sized photographs
 - two references sealed in their envelopes
 - one stamped self-addressed envelope
 - application fee receipt.
- payment of downloaded form should be made either at
Ecobank: Ghana Cedis Account: 038-0014426245701
US Dollar Account: 038-2014426245703
Account Branch: Westland

- original academic transcripts and certified true copy of Certificate(s)

Your application cannot be processed until we have received all of these items.

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION

- I. This section is to be completed by the applicant
After filling out this section, please give this CONFIDENTIAL form to your Referee to complete

Applicant's Name

Applicant's Address

City/Country

Programme of Study

Date of Birth

Telephone Number:

Fax Number

E-mail:

I hereby authorize the appropriate person to provide the information requested in this document.

Applicant's Signature:

Date:

- II. This section is to be completed by the Referee:
GIMPA would appreciate your assessment of the applicant's qualities. The Institute will use your appraisal only in the evaluation of the participant's admission and its confidentiality will be safeguarded.
-

Please complete this form as soon as possible and return to:

The Dean, School of Research and Graduate Studies

P. O. Box AH 50, Achimota

Tel.: 401681-3 Ext. 2018, 1091 or 1514 Fax: 405805

E-mail: admissions@gimpa.edu.gh

1. General Rating

Please indicate your opinion of this applicant in the context in which you know him or her:
Your assessment should be indicated in each case by ticking of the appropriate check box:

- 1.1 In your view, how does the applicant rate on the following personal characteristics:

Motivation

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Self Discipline

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Leadership

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Self-Confidence

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Maturity

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

Academic Maturity

Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()

1.2 Please indicate how well the applicant is known to you:

Known only through Records [] Seen Occasionally [] Known Personally []

1.3 Please indicate how long you have known the applicant:

Less than 1 year [] 1-3 years [] More than 3 years []

1.4 The applicant has been known to you as a:

Student [] Subordinate [] Colleague [] Friend [] Acquaintance []

2. Specific Comments

2.1 What do you see as the personal strengths of the applicant?

2.2 In your view , what weakness might the applicant show?

2.3 GIMPA would appreciate your overall assessment of the applicant's academic capabilities:

iii. The Referee

Referee's Name

Organization

Position

Address

Region/City / Country

Contact Phone Number:

Fax Number:

Referee's Signature

Date:

E-mail