NAME OF APPLICANT: .............................................................
(Surname first eg. Mensah Kofi)

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration

GIMPA FACULTY OF LAW
APPLICATION FORM
FOR
BACHELOR OF LAWS DEGREE (LL.B)

P. O. Box AH 50, Achimota – Accra, Ghana; Tel: 0302-401681-3 Ext: 2173-4, (020) 379 1541
E-mail: gls@gimpa.edu.gh, Website; www.gimpa.edu.gh
IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THE COMPLETED FORM TO:

The Assistant Registrar
GIMPA Law School
P.O. Box AH 50
Achimota – Accra

TO REACH ASSISTANT REGISTRAR WITH THE FOLLOWING ENCLOSURES

(i) Certified true copies of certificates and original transcripts of academic record
(ii) One self-addressed envelope with a local express stamp
(iii) Three recent passport size photographs, one of which should be affixed to the form.
(iv) Three letters of recommendation (use the referee form attached to application form)
(v) Application fee receipt (Payment of downloaded form should be made either at the following
Banks; Ecobank 0380014426245701 or Unibank 0510110559613 at any of their branches in Ghana.

Please note that hand delivery is strongly recommended!

ALSO NOTE: COMPLETE FORMS USING BLOCK LETTERS.

Preferred Programme option (please tick as appropriate)

Modular (   )                                Regular (   )

Personal Data

1. Surname:.................................................................................................................................
   Rev/Dr./Mr./Mrs/Ms:...........................................................................................................

2. Other Names (in full):................................................................................................................

3. Date of Birth:...........................................................................................................................

4. Place of Birth (Region/Country):............................................................................................

5. Nationality:............................................................................................................................

6. Marital Status:.........................................................................................................................

7. Address to which all communication in connection with this application should be sent:
   ..............................................................................................................................................
   ..............................................................................................................................................

Telephone:........................................................................................................Fax:........................
8. Permanent Address: ............................................................................................................

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Telephone: ..........................................................................................................................

E-mail: ..................................................................................................................................

(The Law School Secretariat must be notified immediately of any change of address)

9. Institutions Attended/Qualification

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<tr>
<th>S/No.</th>
<th>Institution</th>
<th>Degree/Award Obtained</th>
<th>Class of Degree</th>
<th>Date</th>
<th>Subjects</th>
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10. (a) Current employment: .....................................................................................................

(b) Town/Region Situated: ........................................................................................................

(c) Indicate whether (tick as appropriate) Public Sector (...)  Private Sector (...)  NGO (...)

11. Please indicate your position in the organization ........................................................................

12. Sponsorship (tick as appropriate)

   (   ) Employer

   (   ) Self
13. Record of key professional experience

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<tr>
<th>Employer</th>
<th>Position in Employment</th>
<th>Date</th>
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14. Please give the names and addresses of three ACADEMIC/PROFESSIONAL referees, one of whom should be your current or previous supervisor/manager. References from personal friends or relatives are not acceptable.

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<th>i. Name</th>
<th>Address</th>
<th>Telephone</th>
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<th>ii. Name</th>
<th>Address</th>
<th>Telephone</th>
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</table>

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<tr>
<th>iii. Name</th>
<th>Address</th>
<th>Telephone</th>
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15. Declaration

I declare that all the information provided on this form is correct.

Date:.............................................  Signature: ........................................................

FOR OFFICE USE ONLY

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</table>
1. **This section is to be completed by the applicant.**
   After filling out this section, please give this CONFIDENTIAL Form to your Referee

   __________________________________________________________
   Applicant’s Name

   __________________________________________________________
   Applicant’s Address

   __________________________________________________________
   City/Country

   __________________________________________________________
   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: Senior Assistant Registrar
GIMPA Law School
P.O. Box AH 50
Achimota
Tel.: 021-401681-3 Ext. 2173-4
E-mail: gsl@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 Ability
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:

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