APPLICANT'S FULL NAME:_				
[First Name	Middle Name	Surname/Last Name	
				1 Passport Picture
PROGRAMME:				
Index Number of Previous GIMP	A Student:			

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



APPLICATION FORM GRADUATE PROGRAMMES

	_		DELIVE	RY SESSIONS	
			• •	tions in order of prefe is the most preferred	
	Evening (Accra,	Tema, T	'akoradi, Kumasi) []	Modula	r (Accra) []
	Weekend (Accra	a, Takora	di, Kumasi) []	Day (A	ccra (MPhil)) []
			SCHO	OOLS:	
BUSINES	S SCHOOL	FACU	LTY OF LAW	SCHOOL OF TEC	CHNOLOGY
SCHOOL GOVERN	. OF PUBLIC SE JANCE	RVICE	AND	SCHOOL OF LIB SCIENCE	ERAL ARTS AND SOCIAL
			ISc	Masters/ MA/ LLM	MPhil/ MRes
QUA	LIFICATION	Б Е	xecutive Masters		PgDip/ PgCert
			School of Research a P. O. Box AH 50, Tel: 030 290 8076/ 033	Dean and Graduate Studies Achimota – Accra 3 209 5432 (Ext. 1163) 9 gimpa.edu.gh	

PROGRAMMES

1.0 GIMPA BUSINESS SCHOOL

1.1 MASTERS

Duration - 1 year

- Master of Marketing
- Master of Human Resource Management
- Master of Accounting and Finance
- Master of Supply Chain Management
- Master of Project Management
- Master of Science in Development Finance (MDF)

Duration - 2 years

- ➢ MBA Marketing
- MBA Human Resource Management
- ➢ MBA Finance
- MBA Accounting & Taxation
- MBA Supply Chain Management
- MBA Project Management

1.2 POSTGRADUATE DIPLOMA

Duration: One Semester (4 months)

 Postgraduate Diploma in Business Administration (PGDBA)

2.0 SCHOOL OF PUBLIC SERVICE AND GOVERNANCE

2.1 MASTERS

Duration-1 year

- Master of Public Health
- Master of Science Health Services Administration & Leadership (MSHSAL)
- Master of Arts in Educational Management and Leadership
- Master of Arts in Public Administration
- Master of Arts in Governance & Leadership (MGL)
- Executive Master of Governance & Leadership(EMGL)
- Masters in Regional Integration and African Development
- Executive Masters in Regional Integration and African Development (EMRIAD)
- Master of Occupational Safety, Health and Environmental Management (MOSHEM)
- > Master of Arts in Monitoring and Evaluation (MAME)
- Master of Public Sector Management (PSMTP)
- Master of Arts in International Relations and Diplomacy

Duration: 2 years

- Master of Science in Environmental Studies and Policy (MSESP)
- Master of Arts in Development Management (MDM)

3.0 GIMPA SCHOOL OF TECHNOLOGY

3.1 MASTERS

Duration - 1 year

- Master of Science in Digital Forensics and Cybersecurity
- Master of Science in Applied Mathematics

Duration - 2 years

- Master of Philosophy in Management Information Systems
- Master of Science in Management Information Systems
- Master of Philosophy in Information and Communication Technology
- Master of Science in Information and Communication Technology
- Master of Science in Information Technology and Law

3.2 POSTGRADUATE CERTIFICATE & DIPLOMA

Duration - 1 year

- Postgraduate Diploma in Management Information Systems
- Postgraduate Diploma in Information and Communication Technology

4.0 SCHOOL OF LIBERAL ARTS & SOCIAL SCIENCES

4.1 MASTERS

Duration - 1 year

- Master of Science in Financial Economics
- Master of Science in Economic Policy
- Master of Science in Energy Economics
- Master of Arts in Development Communication
- Master of Arts in Public Relations

Duration - 2 years

Master of Philosophy in Economics

5.0 FACULTY OF LAW

5.1 MASTERS

Duration - 1 year

- Master of Laws (LLM) General
- Master of Laws (LLM) Dispute Resolution Law and Practice
- Master of Laws (LLM) International Trade and Business Law
- Master of Laws (LLM) International Criminal Law and Justice

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

 CRA: SCHOOL OF RESEARCH & 030 290 8076/033 209 5 Email: srgs@gimpa.edu.; ACADEMIC AFFAIRS DIRI 030 290 8076/033 209 5 Email: admissions@gimp BUSINESS SCHOOL: Department of Business M Email: bs-bm@gimpa.edu.; Department of Manageme Email: bs-ms@gimpa.edu.; Department of Accounting Email: bs-af@gimpa.edu.gl SCHOOL OF TECHNOLOOC 030 290 8076/033 209 5 Email: sot@gimpa.edu.gl 	432 (Ext: 1130/ 1042) gh ECTORATE: 432 (Ext: 1209/ 1074) pa.edu.gh Ianagement: 030 394 1716. gh ent Science: 059 708 6843. gh g & Finance: 030 394 1718 h GY: 432 (Ext: 1043/ 2076)/ 050 140 824	 030 290 8076/ 0 Email: spsg@gi SCHOOL OF LIBER 030 290 8076/ 0 Email: solass@ FACULTY OF LAW: 030 290 8076/ 0 Email: gls@gin KUMASI CAMPUS: 0506 Email: ksi@gin TAKORADI CAMPUS: 0 Email: tdi@gin 98 TEMA CAMPUS: 050602 	AL ARTS & SOCIAL SCIENCES: 33 209 5432 (Ext: 1040)/ 050 466 9564 gimpa.edu.gh 33 209 5432 (Ext: 2174) npa.edu.gh 5024160 npa.edu.gh 506024161 npa.edu.gh
	CAMPUS CHOICES		
2nd Choice:			
[] Accra	[] Tema	[] Kumasi	[] Takoradi
Proposed Entry Da	ate (MM/YYYY): Sep	tember	February
1. ABOUT YO	-		February Surname/Last Name
1. ABOUT YO Sitle (Mr./Mrs./Ms/Dr. etc	U c): First Name	Middle Name	Surname/Last Name
1. ABOUT YO Sitle (Mr./Mrs./Ms/Dr. etc) Date of Birth (DD/MM/YY)	U c): First Name	Middle Name	
1. ABOUT YO Sitle (Mr./Mrs./Ms/Dr. etc) Date of Birth (DD/MM/YY) Country of Birth:	U c): First Name	Middle Name Second Seco	Surname/Last Name ex (Male/Female):
1. ABOUT YO Sitle (Mr./Mrs./Ms/Dr. etc) Date of Birth (DD/MM/YY) Country of Birth: Nationality:	U c): First Name (YY) Religio	Middle Name S S Country of Residence:	Surname/Last Name ex (Male/Female):
1. ABOUT YO Citle (Mr./Mrs./Ms/Dr. etc) Date of Birth (DD/MM/YY) Country of Birth: Nationality: Home Language/Mother To	U c): First Name (YY) Religio ongue:	Middle Name S Country of Residence: on: Ghana Card Numbe	Surname/Last Name ex (Male/Female): Married? (Yes/No):
1. ABOUT YO Citle (Mr./Mrs./Ms/Dr. etc) Date of Birth (DD/MM/YY) Country of Birth: Nationality: Home Language/Mother To Passport Number (Non-Gh.)	U c): First Name (YY) Religio ongue: anaians)	Middle Name S Country of Residence: on: Ghana Card Numbe	Surname/Last Name ex (Male/Female): Married? (Yes/No): er
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2. ACADEMIC ACHIEVEMENTS

From (Eg. mm/yy)	To (Eg. mm/yy)	Name of Institution & Location (eg. GIMPA, Achimota)	Programme (eg. MBA - Marketing.)	Class (eg. 1 st Class)

3. PROFESSIONAL CERTIFICATE (If

From (Eg. mm/yy)	To (Eg. mm/yy)	Name of Institution & Location (eg. GIMPA, Achimota)	Programme (eg. MBA - Marketing.)	Class (eg. 1 st Class)

4. EMPLOYMENT HISTORY (If Applicable)

Name of Current Employer:______ Job Title/Position:______ Employer's Address:_____

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

- A. Give a brief outline of Research undertaken (Title of Research, Description and Duration)
- B. Give a research topic of interest

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

9. WHERE DID YOU HEAR OF GIMPA?

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

SECOND REFEREE

THIRD REFEREE

Name:	Name:	Name:
Relationship to you:	Relationship to you:	Relationship to you:
Position:	Position:	Position:
Name of Organisation:	Name of Organisation:	Name of Organisation:
Telephone Number:	Telephone Number:	Telephone Number:
Email Address:	Email Address:	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

All applicants will be treated on equal grounds irrespective of sex, religion, ethnicity, marital status or physical ability. **Please ensure that you have enclosed the following (Tick if you have enclosed them):**

- completed application form and
- updated CV
- one passport-sized photographs
- two references sealed in their envelopes
- essay on why you want to join GIMPA
- original academic transcripts and
- certified true copy of Certificate (s)
- application fee receipt
- Ghana Tertiary Education Commission (GTEC) Evaluation Letter (For applicants with INTERNATIONAL Certificate)

Payment of downloaded form should be made either at

Ecobank: Ghana Cedis Account: 038-0014426245701 US Dollar Account: 038-2014426245703 Account Branch: Westland

CBG: Ghana Cedis Account: 051-0110559613 US Dollar Account: 032-0210559617 Account Branch: GIMPA

REFEREE REPORT FOR GRADUATE PROGRAMMES

-

	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: WhatsApp 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
II.	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.: 030 290 8076/ 033 209 5432 (Ext: 1130/ 1042)
	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
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	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.: 030 290 8076/ 033 209 5432 (Ext: 1130/ 1042) E-mail: srgs@gimpa.edu.gh 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:
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	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.: 030 290 8076/033 209 5432 (Ext: 1130/ 1042) E-mail: srgs@gimpa.edu.gh 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: 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 () Edetership Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()
	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.: 030 290 8076/ 033 209 5432 (Ext: 1130/ 1042) E-mail: srgs@gimpa.edu.gh 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: 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 () Self-Confidence 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 () Self-Confidence Very High () High () Above Average () Average () Below Average () Low () Very Low () Not Known ()
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- 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:

R	leferee's Name		
C	Organization	 	
– P	osition	 	
A	uddress	 	
R	egion/City / Country		
-	Contact Phone Number:	 WhatsApp Number	
R	eferee's Signature	 Date	