

FORM NO.:.....(For Office Use Only)

Photograph

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

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



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: glg@gimpa.edu.gh, Website; www.gimpa.edu.gh

E-mail:.....

8. Permanent Address:.....

.....

Telephone:.....

E-mail:.....

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

9. Institutions Attended/Qualification

S/No.	Institution	Degree/Award Obtained	Class of Degree	Date	Subjects

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

() Other (please specify)

13. Record of key professional experience

	Employer	Position in Employment	Date
i.
ii.
iii.
iv.

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.

- i. Name.....
Address.....
Telephone:.....Fax.....
E-mail.....

- ii. Name.....
Address.....
Telephone:.....Fax.....
E-mail.....

- iii. Name.....
Address.....
Telephone:.....Fax.....
E-mail.....

15. Declaration

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

Date:.....

Signature:

FOR OFFICE USE ONLY	
Application	
Received and acknowledged:	

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

FACULTY OF LAW

CONFIDENTIAL FORM

I. 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: **Assistant Registrar**
GIMPA Faculty of Law
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 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