

APPLICANT'S FULL NAME: _____

First Name

Middle Name

Surname/Last Name

1 Passport Picture

PROGRAMME: _____

Index Number of Previous GIMPA Student: _____

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

Motto: Excellence in Leadership, Management and Administration



APPLICATION FORM GRADUATE PROGRAMMES

DELIVERY SESSIONS

Please rank the delivery options in order of preference
(on the scale of 1-3, where 1 is the most preferred option)

Evening (Accra, Tema, Takoradi, Kumasi (DBA)) []

Modular (Accra) []

Weekend (Accra, Takoradi, Kumasi) []

Day (Accra (MPhil)) []

SCHOOLS:

BUSINESS SCHOOL

FACULTY OF LAW

SCHOOL OF TECHNOLOGY

SCHOOL OF PUBLIC SERVICE AND
GOVERNANCE

SCHOOL OF LIBERAL ARTS AND SOCIAL
SCIENCE

QUALIFICATIONS:

MSc

Masters/ MA

MPhil/ MRes

Executive Masters

PgDip/ PgCert

The Dean

School of Research and Graduate Studies
P. O. Box AH 50, Achimota – Accra
Tel: 030 290 8076/ 033 209 5432 (Ext. 1163)
E-mail: srgs@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

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)
- 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 Science in Development Finance (MDF)
- Master of Public Sector Management (PSMTP)

Duration: 2 years

- Master of Science in Environmental Studies and Policy (MSESP)
- Master of Philosophy in Public Health
- Master of Philosophy in Educational Management and Leadership
- Master of Arts in Development Management (MDM)

2.2 POSTGRADUATE CERTIFICATE & DIPLOMA

Duration: One Semester (4 months)

- Postgraduate Certificate in Public Administration (PGCPA)
- Postgraduate Diploma in Public Administration (PGDPA)
- Postgraduate Diploma in Monitoring and Evaluation
- Postgraduate Diploma in Occupational Health and Environmental Safety Management (PGDOSHEM)

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

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| <p>ACCRA: SCHOOL OF RESEARCH & GRADUATE STUDIES: 030 290 8076/ 033 209 5432 (Ext: 1130/ 1042) Email: srgs@gimpa.edu.gh</p> <p>ACADEMIC AFFAIRS DIRECTORATE: 030 290 8076/ 033 209 5432 (Ext: 1209/ 1074) Email: admissions@gimpa.edu.gh</p> <p>BUSINESS SCHOOL:</p> <ul style="list-style-type: none"> • Department of Business Management: 030 394 1716. Email: bs-bm@gimpa.edu.gh • Department of Management Science: 059 708 6843. Email: bs-ms@gimpa.edu.gh • Department of Accounting & Finance: 030 394 1718 Email: bs-af@gimpa.edu.gh <p>SCHOOL OF TECHNOLOGY: 030 290 8076/ 033 209 5432 (Ext: 1043/ 2076)/ 050 140 8298 Email: sot@gimpa.edu.gh</p> | <p>SCHOOL OF PUBLIC SERVICE & GOVERNANCE: 030 290 8076/ 033 209 5432 (Ext: 2250/ 2074) Email: spsg@gimpa.edu.gh</p> <p>SCHOOL OF LIBERAL ARTS & SOCIAL SCIENCES: 030 290 8076/ 033 209 5432 (Ext: 1040)/ 050 466 9564 Email: solass@gimpa.edu.gh</p> <p>KUMASI CAMPUS: 0506024160 Email: ksi@gimpa.edu.gh</p> <p>TAKORADI CAMPUS: 0506024161 Email: tdi@gimpa.edu.gh</p> <p>TEMA CAMPUS: 0506024162 Email: temacampus@gimpa.edu.gh</p> |
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PROGRAMME & CAMPUS CHOICES

1st Choice: _____

2nd Choice: _____

☐ Accra

☐ Tema

☐ Kumasi

☐ Takoradi

Proposed Entry Date (MM/YYYY): September _____ February _____

1. ABOUT YOU

Title (Mr./Mrs./Ms/Dr. etc): _____

First Name

Middle Name

Surname/Last Name

Date of Birth (DD/MM/YYYY) _____ Sex (Male/Female): _____

Country of Birth: _____ Country of Residence: _____

Nationality: _____ Religion: _____ Married? (Yes/No): _____

Home Language/Mother Tongue: _____ Ghana Card Number _____

Passport Number (Non-Ghanaians) _____

Are you physically challenged? Yes _____ No _____ If Yes, please specify: _____

Address for correspondence: _____

Telephone Number _____ E-mail Address _____

(12) Emergency Contact

Name: _____ Relationship _____ Tel: _____

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) |
|---------------------|-------------------|---|-------------------------------------|--------------------------------------|
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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) |
|---------------------|-------------------|---|-------------------------------------|--------------------------------------|
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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?

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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

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:

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 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

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:

3. THE REFEREE

Referee's Name

Organization

Position

Address

Region/City / Country

Contact Phone Number:

WhatsApp Number

Referee's Signature

Date

E-mail: