

Index Number of Previous GIMPA Student: _____

**GHANA INSTITUTE OF MANAGEMENT AND PUBLIC
ADMINISTRATION (GIMPA)**



1 Passport Picture

UNDERGRADUATE APPLICATION FORM

DEGREE [] DIPLOMA []

APPLICANT'S FULL NAME: _____

First Name

Middle Name

Surname/Last Name

CHOICE OF CAMPUS (Please tick where applicable)

☐ Accra

☐ Tema

☐ Kumasi

☐ Takoradi

SESSIONS

DAY (8:00AM – 4:00PM) []
Accra Campus Only

EVENING (5:00PM – 8:00PM) []
Accra, Takoradi & Tema Campuses

WEEKEND (Fridays - Sundays) []
Kumasi Campus Only

CHOICE OF SCHOOL/FACULTY & PROGRAMMES

1ST SCHOOL: _____

PROGRAMME CHOICE 1: _____

PROGRAMME CHOICE 2: _____

2ND SCHOOL: _____

PROGRAMME CHOICE 1: _____

PROGRAMME CHOICE 2: _____

3RD SCHOOL: _____

PROGRAMME CHOICE 1: _____

PROGRAMME CHOICE 2: _____

The Director

ACADEMIC AFFAIRS DIRECTORATE

P. O. Box AH 50, Achimota – Accra

Tel: 050 162 0138/ 030 290 8076/ 033 209 5432 (Ext: 1074)

Email: admissions@gimpa.edu.gh

PROGRAMMES

1.0 FACULTY OF LAW

1.1 DEGREE PROGRAMMES

- Bachelor of Law - 4 Years (WASSCE/SSSCE)
- Bachelor of Law - 3 Years (Post First Degree)

2.0 BUSINESS SCHOOL

2.1 DEGREE PROGRAMMES

- BSc. (Hons.) Business Administration
- BSc. (Hons.) Marketing
- BSc. (Hons.) Human Resource Management
- BSc. (Hons.) Project Management
- BSc. (Hons.) Accounting
- BSc. (Hons.) Finance
- BSc. (Hons.) Procurement, Logistics and Supply Chain

3.0 SCHOOL OF PUBLIC SERVICE AND GOVERNANCE

3.1 DEGREE PROGRAMMES

- Bachelor of Science in Public Administration

4.0 SCHOOL OF LIBERAL ARTS & SOCIAL SCIENCES

4.1 DEGREE PROGRAMMES

- BSc. Hospitality Management

5.0 SCHOOL OF TECHNOLOGY

5.1 DEGREE PROGRAMMES

- BSc. Management Information Systems
- BSc. Information and Communication Technology

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

ACCRA:

SCHOOL OF RESEARCH & GRADUATE STUDIES:

030 290 8076/ 033 209 5432 (Ext: 1130/ 1042)
Email: srgs@gimpa.edu.gh

ACADEMIC AFFAIRS DIRECTORATE:

030 290 8076/ 033 209 5432 (Ext: 1209/ 1074)
Email: admissions@gimpa.edu.gh

BUSINESS SCHOOL:

- **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

SCHOOL OF TECHNOLOGY:

030 290 8076/ 033 209 5432 (Ext: 1043/ 2076) or 050 140 8298
Email: sot@gimpa.edu.gh

SCHOOL OF PUBLIC SERVICE & GOVERNANCE:

030 290 8076/ 033 209 5432 (Ext: 2250/ 2074)
Email: spsg@gimpa.edu.gh

SCHOOL OF LIBERAL ARTS & SOCIAL SCIENCES:

030 290 8076/ 033 209 5432 (Ext: 1040)/ 050 466 9564
Email: solass@gimpa.edu.gh

KUMASI CAMPUS: 050 602 4160

Email: ksi@gimpa.edu.gh

TAKORADI CAMPUS: 050 602 4161

Email: tdi@gimpa.edu.gh

TEMA CAMPUS: 050 602 4162

Email: temacampus@gimpa.edu.gh

CANDIDATES ARE REQUIRED TO SEND THE COMPLETED FORM WITH PAYMENT DEPOSIT SLIPS TO:

The application fee is GH¢ 160.00 for all schools but GH¢ 260.00 for Faculty of Law. Payment for it should be made to any branch of ECOBANK (0380014426245701) Westlands Branch. Fees for Foreign applicants is USD\$100. Payment should be made into GIMPA US dollar accounts – forex ECOBANK 038-2014426245703 Westlands Branch. Consolidated Bank Ghana (CBG) Branch: GIMPA Ghana Cedis Account: 0510110559613. GIMPA US Dollar Account: 0320210559617

ACCRA

The Academic Affairs
Directorate
GIMPA Greenhill College
P. O. Box AH 50,
Achimota - Accra

KUMASI

The Manager
GIMPA Campus
Adjacent Kumasi
City Mall - Asokwa

TAKORADI

The Manager
GIMPA Campus
Sekondi - Takoradi

TEMA

The Manager
GIMPA Campus
Trinity Lutheran School
Behind the CMB Quarters
Community 2 - Tema

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- i. Certified Copies of certificates and any other relevant academic records (those applying with diploma).
- ii. Original Transcripts (not Result Slip). Must be in a sealed envelope with the signature and stamp of Registrar across envelope (those applying with diploma).
- iii. One recent picture endorsed by a Senior Public Officer above the rank of Assistant Director, Lawyer or a Medical Doctor should be affixed.

PERSONAL DATA

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 _____

Emergency Contact 1

Name: _____

Relationship _____

Tel: _____

Emergency Contact 1

Name: _____

Relationship _____

Tel: _____

ACADEMIC/PROFESSIONAL QUALIFICATION

(Please fill the applicable portion(s) with your RESULTS)

WEST AFRICAN EXAMINATION COUNCIL ORDINARY LEVEL (O/L)

SCHOOLS	YEAR COMPLETED	NO.	SUBJECTS	ATTEMPT 1 GRADE	ATTEMPT 2 GRADE	ATTEMPT 3 GRADE
		1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				

WEST AFRICAN EXAMINATION COUNCIL ADVANCED LEVEL (A/L)

SCHOOLS	YEAR COMPLETED	NO.	SUBJECTS	ATTEMPT 1 GRADE	ATTEMPT 2 GRADE	ATTEMPT 3 GRADE
		1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				

SENIOR HIGH/SECONDARY SCHOOL CERTIFICATE (WASSCE/SSSCE)

SCHOOLS	YEAR COMPLETED	NO.	SUBJECTS	ATTEMPT 1 GRADE	ATTEMPT 2 GRADE	ATTEMPT 3 GRADE
		1	Social Studies			
		2	English			
		3	Core Mathematics			
		4	Integrated Science			
		5				
		6				
		7				
		8				
		9				

POLYTECHNIC HND/DIPLOMAS

NAME OF INSTITUTION	DATE OF COMPLETION	PROGRAM	CLASS	CGPA

DEGREE (POST LLB APPLICANTS)

NAME OF INSTITUTION	DATE OF COMPLETION	NAME OF CERTIFICATE AWARDED	PROGRAMME OFFERED

RECORD OF EMPLOYMENT

EMPLOYER	POSITION HELD	DATE	
		FROM	TO
Total Number of Years Worked			

Sponsorship (Tick as appropriate):

1. Employer () 2. Self ()

If Employer sponsorship, please complete:

Sponsor's official Nomination

This section must be completed by the Head or His/Her representative of the Organization of applicant.

I wish to nominate _____ for admission to
_____ to undertake a Bachelor of Science Degree in

Name of Officer nominating: _____

Rank / Title: _____

Name of Organization: _____

Signature and Official Stamp: _____ Date: _____

Where did you hear of GIMPA (eg. GIMPA website, newspaper, radio, social media, TV, alumni and staff)?

DECLARATION

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

Date: _____ Applicant's Signature: _____

FOR OFFICIAL USE ONLY

Application Fee GH¢: _____ P. O. No. (): _____

Received and acknowledged by: _____

Date: _____

Applicant Admitted? Yes () No ()

Course Admitted to: _____

Signature of officer: _____ Date: _____