

**GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION**  
**GIMPA SCHOOL OF PUBLIC SERVICE AND GOVERNANCE**

**REFEREE REPORT FORM FOR DOCTOR OF PHILOSOPHY (PhD) PROGRAMMES**

- I. This section is to be completed by applicant. After filling out this section, please give this form to one of the two referees.

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Applicant's name

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Applicant's address

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City / Country

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Date of Birth

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Telephone Number(s)

Fax Number(s)

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E-mail

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***I, hereby authorise the appropriate person (Referee) to provide the information requested in the document***

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Applicant's signature

Date

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## II. This section is to be completed by the referee

GIMPA would appreciate your assessment of the applicant's qualities. The Institute will use the appraisal only in the evaluation of the participant's admission and its confidentiality will be safeguarded. Please complete this form as submit no later than April 15, 2014 by returning it to:

The Senior Assistant Registrar  
GIMPA School of Public Service and Governance  
P O Box AH 50  
Achimota – Accra  
Telephone: 0302 401681-3 Ext 2250  
Email: sglpm@gimpa.edu.gh or gspsg@gimpa.edu.gh  
Website: www.gimpa.edu.gh

**General Rating:** Please indicate your opinion of this applicant by checking the appropriate box.

### 1. In your view, how does the applicant rate on the following personal characteristics?

#### Academic Ability

Very High High Above Average Average Below Average Low Very Low Do Not Know

#### Self Discipline

Very High High Above Average Average Below Average Low Very Low Do Not Know

#### Leadership

Very High High Above Average Average Below Average Low Very Low Do Not Know

#### Motivation

Very High High Above Average Average Below Average Low Very Low Do Not Know

#### Self Confidence

Very High High Above Average Average Below Average Low Very Low Do Not Know

#### Maturity

Very High High Above Average Average Below Average Low Very Low Do Not Know

#### 1.1 Please indicate how well the applicant is known to you:

Known only through records Seen occasionally Known personally

#### 1.2 Please indicate how long you have known the applicant:

Less than 1 year 1-3 Years More than 3 years

#### 1.3 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 strength of the applicant?**

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**2.2 In your view, what weakness might the applicant show?**

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**GIMPA would appreciate your overall assessment of the applicant's academic / professional capabilities:**

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**III. The Referee:**

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Referees name

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Organisation

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Position

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City/Country

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Telephone Number(s)

Fax Number(s)

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Referees Signature

Date

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E-mail

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