

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



GIMPA FACULTY OF LAW DAY PROGRAMME APPLICATION FORM FOR BACHELOR OF LAWS DEGREE (LL.B)

P. O. Box AH 50, Achimota – Accra, Ghana; Tel: 0302-401681-3 Ext: 2173-4, 0501408297
E-mail: gls@gimpa.edu.gh, Website; www.gimpa.edu.gh

IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THE COMPLETED FORM TO:

The Senior Assistant Registrar
GIMPA Faculty of Law
P.O. Box AH 50
Achimota – Accra

WITH THE FOLLOWING ENCLOSURES:

- (i) Certified true copies of certificates and results slip
- (ii) One self-addressed envelope with a local express stamp
- (iii) Three recent passport size photographs, one of which should be affixed to the form.
- (iv) Three letters of recommendation (use the referee form attached to application form)
- (v) Application fee receipt (Payment of downloaded form should be made either at the following Banks; Ecobank 0380014426245701 or Unibank 0510110559613 at any of their branches in Ghana.

Please note that hand delivery is strongly recommended!

ALSO NOTE: Complete forms using block letters.

Personal Data

- 1. Surname:
Rev/Dr./Mr./Mrs/Ms:.....
- 2. Other Names (in full):.....
- 3. Date of Birth:.....
- 4. Place of Birth/Region/Country.....
- 5. Nationality:.....
- 6. Marital Status:.....
- 7. Address to which all communication in connection with this application should be sent:
.....
.....
- Telephone:.....Fax:.....
- E-mail:.....

8. Permanent Address:.....

.....

Telephone:.....

E-mail:.....

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

9. INSTRUCTION: COMPLETE APPLICABLE PORTIONS

SENIOR SECONDARY SCHOOL CERTIFICATE (SSSCE)/WASSCE

Name of Institution		Date		Subject	Attempt 1 Grade	Attempt 2 Grade	Attempt 3 Grade
1			1	English			
			2	Maths			
			3	Integrated Science			
2			4				
			5				
			6				
3			7				
			8				
			9				
Aggregate							

WEST AFRICAN EXAMINATION COUNCIL ORDINARY LEVEL (O/L)

Name of Institution		Date		Subject	Attempt 1 Grade	Attempt 2 Grade	Attempt 3 Grade
1			1	English			
			2	Maths			
			3	General Science			
2			4				
			5				
			6				
3			7				
			8				
			9				
Aggregate							

WEST AFRICAN EXAMINATION COUNCIL ADVANCED LEVEL (A/L)

Name of Institution		Date		Subject	Attempt 1 Grade	Attempt 2 Grade	Attempt 3 Grade
1			1				
2			2				
3			3				
			4				
				Aggregate			

10. Sponsorship (tick as appropriate)

() Employer

() Self

() Other (please specify)

11. Please give the names and addresses of three ACADEMIC/PROFESSIONAL referees, one of whom should be your current or previous supervisor/manager or tutor. 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.....

12. 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 is guaranteed.

Please complete this form as soon as possible and return to: **Senior Assistant Registrar
GIMPA Law School
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 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