

APPLICANT'S FULL NAME:.....

PROGRAMME:.....

Photograph

# GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

*Motto: Excellence in Leadership, Management and Administration*



## SCHOOL OF LIBERAL ARTS AND SOCIAL SCIENCES (SOLASS)

### APPLICATION FORM

# MASTERS PROGRAMMES IN ECONOMICS

Modular  Full Time  (Please Tick as Appropriate)

Evening  Weekend  (Please Tick as Appropriate)

PLEASE INDICATE THE PROGRAMME YOU WANT TO PURSUE (TICK THE APPROPRIATE BOX)

MSc in Economic Policy (1 Year)	[ ]	MSc in Energy Economics (1 Year)	[ ]
MSc in Financial Economics (1 Year)	[ ]	MPhil in Economics (2 Years)	[ ]

#### NOTE:

1. MPhil in Economics is available for FULL TIME only
2. MSc students in the Modular session require 2 years (instead of 1 year) to complete the programme

School of Liberal Arts and Social Sciences (SOLASS)  
P. O. Box AH 50 Achimota, Tel: 401681-3; Fax: 405805; 404664; OR 421571  
E-mail: solass@gimpa.edu.gh, Website: www.gimpa.edu.gh

**NOTE: Application Fee is GH¢ 200.00. and payment for it should be to ECOBANK Account Number: 0380014426245701**

**1. Proposed Entry Date (mmyy)** \_\_\_\_\_

**2. About You**

Title (Mr./Mrs. etc) \_\_\_\_\_ Date of Birth (ddmmyy) \_\_\_\_\_  
Family Name \_\_\_\_\_ Country of Residence \_\_\_\_\_  
Given Name(s) \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Nationality \_\_\_\_\_

**3. About Contacting You**

Address for correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Country \_\_\_\_\_

**4. About your Academic Achievements**

Undergraduate and Postgraduate Qualification(s)

<b>From</b>	<b>To</b>	<b>Name of Institution &amp; Location</b>	<b>Subjects &amp; Grades</b>	<b>Qualifications</b>
<u>09 94</u>	<u>07 96</u>	<u>Example School, Some place</u>	<u>BSc Admin (1<sup>st</sup> Class)</u>	<u>Marketing</u>

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Candidates are required to send the completed form with payment voucher to:

**The Assistant Registrar:**  
School of Liberal Arts and Social Sciences  
P. O. Box AH 50, Achimota  
Tel: **0302 401681-3 or 0246264300**

Please include official transcripts of your studies, detailing subjects studied and grades achieved together with a translation into English if appropriate, or indicate if you have arranged for them to be sent direct to GIMPA.

## 5. Referee

Please choose two 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 one academic reference and one employment-related reference. 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

<b>Name</b>	_____	_____
<b>Position</b>	_____	_____
<b>Relationship to you</b>	_____	_____
<b>Organisation Name</b>	_____	_____
<b>Address</b>	_____ _____ _____	_____ _____ _____
<b>Telephone Number</b>	_____	_____
<b>E-mail Address</b>	_____	_____

### Checklist

Please staple your recent passport-sized photograph to your application form. All applicants will be treated on equal grounds irrespective of sex, gender, religion, ethnicity, marital status or physical ability.

#### Please tick when you have enclosed:

- one application form and CV
- one photograph
- two references sealed in their envelopes
- one stamped self-addressed envelope
- application fee receipt (payment of downloaded form should be made either at **Ecobank: 0380014426245701**)
- original academic transcripts and certified true copy of Certificate(s)

**Your application cannot be processed until we have received all of these items.**

## 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 \_\_\_\_\_

Please contact:

School of Liberal Arts & Social Sciences (SOLASS)

**0302- 401681-3 Ext.2019 or 2227**

P. O. Box AH 50, Achimota, Accra.

Email: solass@gimpa.edu.gh

## SCHOOL OF LIBERAL ARTS AND SOCIAL SCIENCES (SOLASS)

- 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:  
\_\_\_\_\_

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.

Candidates are required to send the completed form with payment voucher to:

**The Assistant Registrar:**

School of Liberal Arts and Social Sciences

P. O. Box AH 50, Achimota

Tel: **0302 401681-3 or 0246264300**

**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?

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

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2.3 GIMPA would appreciate your overall assessment of the applicant's academic capabilities:

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iii. The Referee

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Referee's Name

-----  
Organization

-----  
Position

-----  
Address

-----  
Region/City / Country

-----  
Contact Phone Number:

Fax Number:

-----  
Referee's Signature

Date:

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E-mail