

FORM NO:.....

NAME OF APPLICANT:.....

3 Passport Pictures



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

SCHOOL OF TECHNOLOGY UNDERGRADUATE APPLICATION FORM

(Please tick where Applicable)

CAMPUS:

ACCRA KUMASI

LIST OF PROGRAMMES

1. B.Sc Computer Science
2. B.Sc Information and Communication Technology
3. B.Sc Management Information System

CHOICE OF PROGRAMME

1ST 2ND

**PLEASE INDICATE WHICH SESSION YOU WANT TO APPLY
FOR IN THE BOX PROVIDED**

DAY

EVENING

P. O. Box AH 50 Achimota: Tel: 0302 - 401681/2/3
E-mail: greenhillcampus@gimpa.edu.gh, Website: www.gimpa.edu.gh

NOTE: The application fee is **GH¢ 150.00** and payment for it should be made to any of the following banks and account numbers: **COBANK (0380014426245701)**

CANDIDATES ARE REQUIRED TO SEND THE COMPLETED FORM WITH PAYMENT VOUCHER TO:

ACCRA	KUMASI
<p>The Assistant Registrar GIMPA School of Technology P. O. Box AH 50, Achimota Tel: 0501408298 E-mail: sot@gimpa.edu.gh</p>	<p>The Manager Asokwa, behind the Mall Tel: 0506024160 E-mail: ksi@gimpa.edu.gh</p>

WITH THE FOLLOWING ENCLOSURES:

- i. Certified Copies of certificates and any other relevant academic records(Original Transcript).
- ii. Original Transcripts not Result Slip. Must be in a sealed envelope with the signature and stamp of Registrar across envelope
- iii. Three (3) recent Passport sized Photographs, one of which should be affixed to the form. The other 2 should be endorsed by a Senior Public Officer above the rank of Assistant Director, Lawyer or a Medical Doctor.
- iv. Two self-addressed envelopes with a local express stamp

NOTE: (i) Copied documents should be certified from the source of the document e.g. WAEC, Polytechnic etc. or originals must be brought for verification.
 (ii) Complete form using block letters.
 (iii) Every applicant must add copies of their Secondary /School Leaving Certificate to the application form

PERSONAL DATA

(1) Family Name/Surname:

(2) Middle Name(s):

(3) First Name(s):

(4) Date of Birth (D/M/Y) Age: Sex:.....

(5) Place of Birth (Town/Region/Country): / /

(6) Nationality.....

(7) Marital Status..... No. of Children:.....

(8) Address to which all communications in connection with this application should be sent

(9) Email:.....

(10) Tel: Home:.....Office:.....Cell:.....

(11) Permanent Address: (If different from the above)

 Telephone:..... Fax:.....
 E-mail:.....

(12) Emergency Contact: [1]
 Name: Relationship Tel:
 E-mail:.....

Emergency Contact: [2]
 Name: Relationship Tel:
 E-mail:.....

(13) INSTRUCTION: APPLICABLE PORTION(S)

WEST AFRICAN EXAMINATION COUNCIL ORDINARY LEVEL (O/L)

No.	Name of Institution	Date of Completion		Subjects	Attempt 1 Grade	Attempt 2 Grade	Attempt 3 Grade
1			1	English			
			2	Maths			
			3				
2			4				
			5				
			6				
3			7				
			8				
			9				
				Aggregate			

WEST AFRICAN EXAMINATION COUNCIL ADVANCED LEVEL (A/L)

Name of Institution		Date of Completion		Subjects	Attempt 1 Grade	Attempt 2 Grade	Attempt 3 Grade
1			1				
			2				
2			3				
			4				
3							
				Aggregate			

SENIOR SECONDARY SCHOOL CERTIFICATE (SSSCE) WASSCE

Name of Institution		Date of Completion		Subjects	Attempt 1 Grade	Attempt 2 Grade	Attempt 3 Grade
1			1	English			
			2	Maths			
			3				
2			4				
			5				
			6				
3			7				
			8				
			9				
				Aggregate			

POLYTECHNIC HND/DIPLOMAS

Name of Institution	Date of Completion	Programme	Class	CGPA

OTHERS

Name of Institution	Date of Completion	Name of Certificate Awarded	Programme Offered
1			
2			

Applying as Mature Candidate?	
YES ()	NO ()
Mature candidates are applicants who are 25 years and above but do not have the minimum academic qualification for direct admission)	

Record of Employment: Starting with Present Employment

EMPLOYER	POSITION IN EMPLOYMENT	DATE	
		From	To
Total number of years worked			

(14) Have you enrolled on a programme in GIMPA before?

Yes No

* If yes, which programme?.....

Student Index Number:.....

(15) a. Sponsorship (Tick as appropriate):

1. Employer () 2. Self ()

b. 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.....

(16) TWO ACADEMIC OR PROFESSIONAL REFERENCES
REFEREES

a) Academic

b) Others

Name:.....

Name:.....

Position:.....

Position:.....

Address:.....

Address:.....

Tel:.....

Tel:.....

E-mail:.....

E-mail:.....

Signature:.....

Signature:.....

(17) DECLARATION

I declare that the information provided on this form is correct

Date:..... Applicants'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:.....

GIMPA SCHOOL OF TECHNOLOGY

REFEREE REPORT FORM FOR UNDERGRADUATE PROGRAMMES

A. This section is to be completed by the applicant.

After filling out this section, please give this Form to one of your Referee.

Applicant's Name

Applicant's Address

City/Country

Date of Birth

Telephone Number

Email

I hereby authorize the appropriate person(s) to provide the information requested in this document.

Applicant's Signature

Date

B. 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 and add to the application form, enclosed in an envelope/sealed

1. 0 General Rating

Please indicate your opinion of this applicant by ticking the appropriate box.

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

1.1. 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 [] 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 []

Maturity

Very High [] High [] Above Average [] Average [] Below Average [] Low [] Very Low [] Not Known []

Motivation

Very High [] High [] Above Average [] Average [] Below Average [] Low [] Very Low [] Not Known []

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

2.0. 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:

C. The Referee:

Referee's Name

Organisation

Position

Address

City/Country

Telephone Number

Fax Number

Referee's Signature

Date

Email Address:
