

FORM NO:.....

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



3 Passport Pictures

**UNDERGRADUATE APPLICATION FORM**

**DEGREE**

**DIPLoma**

FULL NAME OF APPLICANT :.....

FIRST NAME

MIDDLE NAME

*(Please tick where Applicable)*

**CAMPUS**

**ACCRA**

**TEMA**

**TAKORADI**

**KUMASI**

**TAMALE**

**DAY(8:30 AM - 4:00 PM)**  
*(Accra, Takoradi & Kumasi Campuses only)*

**EVENING (5:30 PM - 8:30 PM)**  
*(All campuses)*

**WEEKENDS (Friday & Saturday)**  
*(Accra, Takoradi & Kumasi Campuses only)*

**CHOICE OF SCHOOL/FACULTY & PROGRAMME:**

**1<sup>ST</sup> SCHOOL**

**PROGRAMME CHOICE**

**1<sup>ST</sup>**

**2<sup>ND</sup>**

**2<sup>ND</sup> SCHOOL**

**PROGRAMME CHOICE**

**1<sup>ST</sup>**

**2<sup>ND</sup>**

**3<sup>RD</sup> SCHOOL**

**PROGRAMME CHOICE**

**1<sup>ST</sup>**

**2<sup>ND</sup>**

P. O. Box AH 50 Achimota: Tel: 0302 - 401681/2/3 Ext.:2227 or 2019  
E-mail: admissions@gimpa.edu.gh Website: www.gimpa.edu.gh

## **GIMPA BUSINESS SCHOOL**

### **OPTIONS:**

Diploma in Management Studies (DMS).  
B.Sc. Accounting  
B.Sc. Business Administration  
B.Sc. Marketing  
B.Sc. Procurement and Supply Chain Management  
B.Sc. Finance and Economics  
B.Sc. Human Resource Management  
B.Sc. Project Management

## **SCHOOL OF PUBLIC SERVICE AND GOVERNANCE**

### **OPTION:**

Bachelor of Science in Public Administration

## **SCHOOL OF TECHNOLOGY**

### **OPTIONS:**

Diploma in Applied Computer Science  
B.Sc. Information and Communication Technology  
B.Sc. Computer Science  
B.Sc. Management Information Systems

## **FACULTY OF LAW**

### **OPTIONS:**

4-year Day Bachelor of Laws (LLB)  
4-year Post-degree Bachelor of Laws (LLB)

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

### **OPTION:**

B.Sc. Tourism and Hospitality Management

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

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**Accra:**

**Academic Affairs Directorate**

**0302401681-3 Ext: 1514**

**Email: Admissions@gimpa.edu.gh**

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**Business School: 0547885139 0302401681-3(Ext: 2101)**

**School of Technology: 0302401681-3(Ext: 1043/2076)**

**School of Public Service and Governance: 0302401681-3(Ext: 2250/ 2074)**

**School of Liberal Arts and Social Sciences: 0302401681-3(Ext: 1496)**

**Faculty of Law: 0302401681-3(Ext: 2128/2070)**

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**Kumasi: 0506024160**

**Tema: 0506024162**

**Takoradi: 0506024161**

**NOTE:** The application fee is **GH¢ 150.00** for all schools but **GH¢ 250.00** 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

<b>CANDIDATES ARE REQUIRED TO SEND THE COMPLETED FORM WITH PAYMENT VOUCHER TO:</b>			
<b>ACCRA</b>	<b>TEMA</b>	<b>TAKORADI</b>	<b>KUMASI</b>
<b>The Senior Assistant Registrar</b> GIMPA Greenhill College P. O. Box AH 50, Achimota <b>Tel: 0302401681-3</b> E-mail: greenhillcampus@gimpa.edu.gh	<b>The Manager</b> Trinity Lutheran School Behind the CMB Quarters Community 2 - Tema <b>Tel: 0506024162</b> E-mail: temacampus@gimpa.edu.gh	<b>The Manager</b> Government Secretariat School Near Effiekwanta Hospital, Sekondi-Takoradi <b>Tel: 0506024161</b> E-mail: tdi@gimpa.edu.gh	<b>The Manager</b> Asokwa, adjacent Kumasi City Mall <b>Tel: 0506024160</b> E-mail: ksi@gimpa.edu.gh

**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			

(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:.....

**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			

<b>Applying as Mature Candidate?</b>	
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			

# GIMPA - GREENHILL COLLEGE

## 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 REFEREES.

\_\_\_\_\_  
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?

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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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**C. The Referee:**

Referee's Name

Organisation

Position

Address

City/Country

Telephone Number

Fax Number

Referee's Signature

Date

Email Address:

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