

FORM NO:.....

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)



3 Passport Pictures

UNDERGRADUATE APPLICATION FORM

DEGREE

DMS/DACS

Index Number of Previous GIMPA Student :.....

FULL NAME OF APPLICANT :.....

CAMPUS (Please tick where Applicable)

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:

1ST SCHOOL

PROGRAMME CHOICE

1ST

2ND

2ND SCHOOL

PROGRAMME CHOICE

1ST

2ND

3RD SCHOOL

PROGRAMME CHOICE

1ST

2ND

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

GIMPA BUSINESS SCHOOL

Bachelor of Business Administration (BBA) Evening Programme

- . Accounting
- . Business Administration
- . Marketing
- . Procurement
- . Supply Chain Management
- . Finance
- . Human Resource Management
- . Project Management

Bachelor of Science (BSc. Hon) Full Time Day

- . Accounting
- . Business Administration
- . Marketing
- . Procurement, Logistics and Supply Chain Management
- . Finance
- . Human Resource Management
- . Project Management

SCHOOL OF PUBLIC SERVICE AND GOVERNANCE

- . Bachelor of Science in Public Administration

SCHOOL OF TECHNOLOGY

- . Diploma in Applied Computer Science (DACs)
- . B.Sc. Information and Communication Technology
- . B.Sc. Computer Science
- . B.Sc. Management Information Systems
- . B.Sc. Health in Informatics

FACULTY OF LAW

- . 4-year Day Bachelor of Laws (LLB)
- . 3-year Post-degree Bachelor of Laws (LLB) - Evening
- . 4-year Post-degree Bachelor of Laws (LLB) - Modular

SCHOOL OF LIBERAL ARTS AND SOCIAL SCIENCES (SOLASS)

- . B.Sc. Tourism and Hospitality Management

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

Accra:
Academic Affairs Directorate
0302401681-3 /0332095432/0501620138
Ext: 1514/1416/1091
Email: Admissions@gimpa.edu.gh

Business School: 0547885139/ 0501403800/ 0302401681-3 (Ext: 2101)
School of Technology: 0501408298/ 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)

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. **Consolidated Bank Ghana (CBG)** Branch: GIMPA Ghana Cedis Account: **0510110559613**. GIMPA US Dollar Account: **0320210559617**

CANDIDATES ARE REQUIRED TO SEND THE COMPLETED FORM WITH PAYMENT DEPOSIT SLIPS TO:			
ACCRA	TEMA	TAKORADI	KUMASI
The Academic Affairs Directorate GIMPA Greenhill College P. O. Box AH 50, Achimota Tel: 0302401681-3 E-mail: undergraduateadmissions@gimpa.edu.gh	The Manager- GIMPA Campus Trinity Lutheran School Behind the CMB Quarters Community 2 - Tema Tel: 0506024162 E-mail: temacampus@gimpa.edu.gh	The Manager - GIMPA Campus Sekondi-Takoradi Tel: 0506024161 E-mail: tdi@gimpa.edu.gh	The Manager - GIMPA Campus Asokwa, adjacent Kumasi City Mall Tel: 0506024160 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 (Religion/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			5				
			6				
				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

Post LLB

	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:.....

**GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION
- GREENHILL COLLEGE**

REFEREE REPORT 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?

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:
