NAME OF APPLICANT:............................................................
(Surname first eg. Mensah Kofi)

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

GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)
Motto: Excellence in Leadership, Management and Administration

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

P. O. Box AH 50, Achimota – Accra, Ghana; Tel: 0302-405805/400457 Ext: 1467/2174
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

TO REACH ASSISTANT REGISTRAR WITH THE FOLLOWING ENCLOSURES

(i) Certified true copies of certificates and original transcripts of academic record
(ii) Two recent passport size photographs, one of which should be affixed to the form.
(iii) Two letters of recommendation (use the referee form attached to application form)
(iv) Application fee receipt (Payment of downloaded form should be made either at the following Banks: Ecobank 0380014426245701 or Consolidated Bank Ghana (CBG) 051011059613 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. Title: .............................................................................................................................

2. Surname:......................................................................................................................

3. Other Names (in full):..................................................................................................

4. Date of Birth:...............................................................................................................

5. Gender: .......................................................................................................................

6. Place of Birth (Region/Country): ...............................................................................

7. Nationality:...................................................................................................................

8. Citizenship: .................................................................................................................

9. Home Language: ......................................................................................................

10. Marital Status:............................................................................................................

11. Last School Leaving year:

   Senior High School/ College: MM/YY........... University/Tertiary: MM/YY...........

12. Permanent Address:.................................................................................................

   ........................................................................................................................................

   Telephone:...............................................................................................................  

   E-mail:........................................................................................................................
13. Emergency Contact: ………………………………………………………………

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

14. Institutions Attended/Qualification (First Degree and other professional degrees approved by NAB equivalent to a first degree)

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Institution</th>
<th>Index Number</th>
<th>Degree/Award Obtained</th>
<th>Class of Degree</th>
<th>Date Completed</th>
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</table>

15. (a) Current employment:……………………………………………………………………

(b) Town/Region Situated:……………………………………………………………………

(c) Indicate whether (tick as appropriate) Public Sector (…)  Private Sector (…)  NGO (…)

16. Please indicate your position in the organization………………………………………………

17. Sponsorship (tick as appropriate)

   ( ) Employer

   ( ) Self

   ( ) Other (please specify)

18. Record of key professional experience

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position in Employment</th>
<th>Date</th>
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</thead>
<tbody>
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<td>ii.</td>
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</tbody>
</table>

19. Please give the names and address of one ACADEMIC/PROFESSIONAL referee. References from personal friends or relatives are not acceptable.

   i. Name...........................................................................................................................

   Address...........................................................................................................................

   Telephone:........................................Fax.................................................................

   E-mail...........................................................................................................................
ii. Name..............................................................................................................................................
Address............................................................................................................................................
Telephone:........................................Fax.........................................................................................
E-mail................................................................................................................................................

20. Declaration

I declare that all the information provided on this form is correct.

Date:............................................ Signature: .................................................................

| FOR OFFICE USE ONLY BY ADMISSION OFFICER (ACADEMIC AFFAIRS DIRECTORATE) |
| APPLICATION AND ADMISSION STATUS |
| Application comments, by Admissions Officer (Complete) or (not complete) | Admission Status: Admitted (Yes) or (No) |
| Application Review Comments: | Signature and Stamp of Admission Officer: |
GHANA INSTITUTE OF MANAGEMENT AND PUBLIC ADMINISTRATION (GIMPA)

FACULTY OF LAW

CONFIDENTIAL FORM

1. **This section is to be completed by the applicant.**
   After filling out this section, please give this *CONFIDENTIAL* Form to your Referee

   Applican’s Name

   Applican’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 will be safeguarded.

Please complete this form as soon as possible and return to: **Senior Assistant Registrar**
GIMPA Faculty of Law
P.O. Box AH 50
Achimota

Tel.: 0302-405805/400457 Ext. 1467/2174
E-mail: gls@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 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 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 GIMP A would appreciate your overall assessment of the applicant’s academic capabilities:

III. The Referee:

Referee’s Name
Organization
Position
Address
E-mail
Region/City / Country
Contact Phone Number
Fax Number
Referee’s Signature
Date