

No. MRIAD.....



CENTRE FOR REGIONAL INERGRATION IN AFRICA (CRIA)

IN PARTNERSHIP WITH

**GHANA INSTITUTE OF MANAGEMENT AND
PUBLIC ADMINISTRATION (GIMPA)
GREENHILL, ACHIMOTA**

NAME OF APPLICANT.....

2 Pictures here

FULL TIME

EVENING

MODULAR

**APPLICATION FORM
FOR
Master of Arts Degree in Regional Integration and African
Development (MRIAD)
2018-2019 Academic Year**

P. O. Box AH 50, Achimota-Accra, Tel: 0302-401681-3 Ext: 2023, 2022, 1155 Fax: 405805/404664
E-mail: gpentem@gimpa.edu.gh, Website: CRIA website at www.cria-africa.org /GIMPA at www.gimpa.edu.gh

IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THE COMPLETED FORM TO

The Assistant Registrar
GIMPA School of Public Service and Governance
P. O. Box AH 50, Achimota-Accra,
Tel: 021 401681-3 Ext.: 2250, 2074
Fax: 021 405805/404664
E-mail: sglpm@gimpa.edu.gh
Website: CRIA website at www.cria-africa.org/ www.gimpa.edu.gh

PLEASE SUBMIT THE FOLLOWING ENCLOSURES:

- (I) Certified true copies of **certificates** and original transcripts of academic records
- (II) One **stamped self-addressed** official envelope
- (III) Three recent **passport** size photographs
- (IV) Three (3) Referee forms

Personal Data

1. Surname: Rev./Dr./Mr./Mrs./Ms:

2. Other Names (in full):

3. Date of Birth:

4. Place of Birth (Region/Country):

5. Nationality:

6. Gender M F

7. Address to which all communications in connection with this application should be sent
.....
.....

Telephone: E-mail:

NB: The Assistant Registrar
GIMPA School of Public Service and Governance
must be notified immediately of any change of address

8. Permanent Address:.....
.....

Telephone: E-mail:.....

9. Institutions Attended/Qualifications

S/NO.	INSTITUTION	DEGREE/ CERTIFICATE OBTAINED	CLASS OF DEGREE	DATE	SUBJECTS
1.					
2.					
3.					
4.					

10. Please indicate:

(a) Current employment:

(b) Town/Region

(c) Country

(d) Indicate whether (tick as appropriate). Public Sector [] Private Sector [] NGO [] CSO []
Media [] Dev. Agencies [] Academia []

11. Please indicate your position in the organisation:

.....

12. Sponsorship (tick as appropriate).

[] Employer

[] Self

[] Other (please specify):

13. Record of Key Professional Experience

INSTITUTION

POSITION

DATES

- a.
.....
- b.
.....
- c.
.....

14. Please give the names and addresses of three (3) ACADEMIC/PROFESSIONAL referees, one of whom should be your current or previous supervisor/manager

- a. Name:
Telephone: E-mail:.....
- b. Name:
Telephone: E-mail:.....
- c. Name:
Telephone: E-mail:.....

15. Declaration

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

Date:..... 20.....

Signature of Applicant

FOR OFFICE USE ONLY	
Application:	P. O. No.:
Received and acknowledged:	Date: 20

**MASTER OF ARTS DEGREE PROGRAMME
REFEREE REPORT FORM FOR
MASTER OF ARTS DEGREE IN REGIONAL INTEGRATION AND
AFRICAN DEVELOPMENT (MRIAD) 2018-2019 ACADEMIC YEAR**

I. The 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

II. This section is to be completed by the referee

CRIA/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 it to:

The Assistant Registrar
GIMPA School of Public Service and Governance
P. O. Box AH 50, Achimota-Accra,
Tel: 021 401681-3 Ext.: 2250, 2074
Fax: 021 405805/404664
E-mail: gpentem@gimpa.edu.gh Website: www.gimpa.edu.gh

III. 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 off the appropriate check box.

A. 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. Please indicate how well the applicant is known to you:

Known only through Records Seen occasionally Known personally

2. Please indicate how long you have known the applicant:

Less than 1 year 1-3 Years More than 3 years

3. The applicant has been known to you as a:

Student Subordinate Colleague Friend Acquaintance

B. Specific Comments

1. What do you see as the personal strengths of the applicant?

2. In your view, what weakness might the applicant show?

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

IV. The Referee:

Referee's Name

Organisation

Position

Address

City/Country

Telephone Number

Email

Referee's Signature

Date

