



ILGS

INSTITUTE OF LOCAL GOVERNMENT STUDIES
Building Capacity for Local Governance

APPLICATION FOR GRADUATE ADMISSION
GUIDELINES FOR COMPLETING APPLICATION FORMS

1. Candidates applying for graduate programmes should have a good first degree from a recognized university with not less than two (2) years post graduate working experience appropriate for the programme. (Please refer to programme package for other specific admission requirements)

2. i) Applicants in Ghana and Ghanaians are to download the forms and pay the application fee of GH¢100.00 upon submission.
ii) Applicants outside Ghana and Non-Ghanaians are required to pay a non-refundable application fee of US\$100.00 or its equivalent in international money order.

3. Applicants are advised to:
a. Start processing their forms early in order to make enough room for postal and other delays.

b. Ensure that their academic transcripts and copies of certificates are enclosed. The two (2) referee’s reports must reach this office as early as possible.

c. Quote the appropriate programme of study (e.g. M.A. Local Government Administration and Organisation, M.Sc. Environmental Science Policy and Management, M. Sc. Local Economic Development, M.Sc. Local Government Financial Management) on the top of every document including the application form.

d. Applicants are to add their recent Curriculum Vitae to the form.

4. Applicants should note that forms received with incomplete information shall not be processed.

5. Completed application forms and supporting documents must be addressed to, or submitted in person, to:

The Dean of Studies and Research
Institute of Local Government Studies (ILGS)
P.O. Box LG 549
Legon

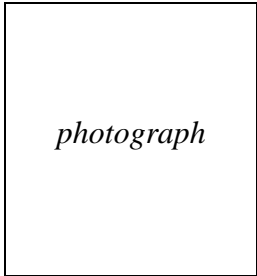
Applications are open from 7th March, 2018–28th June, 2018
PROPOSED PROGRAMME OF STUDY:

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(BLOCK LETTERS)
TO BE COMPLETED IN TRIPLICATE



ILGS



INSTITUTE OF LOCAL GOVERNMENT STUDIES
Building Capacity for Local Governance

APPLICATION FORM FOR ADMISSION TO GRADUATE DEGREE PROGRAMMES

IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THREE COMPLETED FORMS TO

**The Dean of Studies and Research
Institute of Local Government Studies
P.O. Box LG 549
Legon**

TO REACH HIM NOT LATER THAN MONDAY, 28TH JUNE, 2018 WITH THE FOLLOWING ENCLOSURES

- (i) Application Fee of GH¢100.00 (non-refundable) Cash or Bankers Draft to be made payable to the Institute of Local Government studies and crossed (& Co.) Applicants from outside Ghana are requested to pay US \$100.00 or its equivalent.
- (ii) ORIGINALS OR certified true copies of transcripts of academic records and certificate(s).
- (iii) Three endorsed recently taken passport size photographs (endorsement could be done by a clergy, Lawyer or Senior Public Servant).
- (iv) Two stamped self-addressed express envelopes

1. Surname
Mr./Mrs./Miss.....
(Strike out whichever is not applicable)

2. Other Names (in full).....

3. Date of Birth.....

4. Town and Country of Birth.....

4. Home Town (giving Region/Country).....

5. Nationality.....

6. Religious Denomination (if any).....

7. Marital StatusNo. of Children

8. (a) Address to which all communication with this application should be sent

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.....

(b) Tel. No/E-mail/Fax (if any).....
(Any change of address must be notified at once to the Dean of Studies and Research, ILGS)

9. Permanent Home Address

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.....

10. Name and Address of Parent or Guardian (Alive or deceased)

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11. Relationship of Guardian to candidate

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12. Name and Address of Next of Kin

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.....

13. Relationship of Next of Kin to candidate

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14. Secondary Education (indicate dates)

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15. Previous Universities attended with date

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16. Degree(s) obtained, giving class/division

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17. Other academic qualifications

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18. Particulars of past and present employment

Place of Employment	Duration		Position Held	Address
	From	To		

19. Degree for which candidate proposes to study

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20. Please give a candid evaluation of yourself as a person, outlining in order of importance to you the personal characteristics you feel are your strengths and those you feel are your weaknesses.

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21. Indicate your career objectives for the next decade

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22. State the scholarship you hold or expect to hold or how you would finance your study at the Institute.

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23. Attach a one page objective statement to the application.

24. Name and Address of two referees: (One Academic and One Professional, form attached)

(a) Name

Address

(b) Name

Address

Quote Programme Title on all Correspondence.

Date

Signature of Applicant.....

FOR ILGS OFFICE USE ONLY

Application Fee.....

Received and acknowledgedby.....

Bank DraftNo/Receipt Number.....

Date.....



ILGS

INSTITUTE OF LOCAL GOVERNMENT STUDIES

Building Capacity for Local Governance

ACADEMIC REFEREE’S CONFIDENTIAL APPRAISAL FORM

A. TO THE REFEREE

The candidate named below has applied for admission to a graduate programme at the Institute of Local Government Studies. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

**THE DEAN OF STUDIES AND RESERACH
INSTITUTE OF LOCAL GOVERNMENT STUDIES (ILGS)
P.O.BOX LG 549
LEGON, ACCRA, GHANA**

(IT WOULD BE GREATLY APPRECIATED IF YOU COULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE’S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

B. TO BE COMPLETED BY CANDIDATE (please specify)

Applicant’s name:

.....

Programme applied for:

C. TO BE COMPLETED BY REFEREE

I. I HAVE KNOWN THE APPLICANT FOR YEARS AND MONTHS IN THE FOLLOWING CAPACITY

II. I WOULD RECOMMEND THE APPLICANT’S ADMISSION

Without reservation With some reservation Not at all

III. BY COMPARISON WITH OTHER STUDENTS WITH WHOM I HAVE BEEN ASSOCIATED DURING THE PAST YEAR(S), I WOULD RANK THIS APPLICANT’S APTITUDE FOR GRADUATE STUDIES AS FOLLOWS

Among the top 5% among the top 10% Among the top 25%

Among the top 50% Among the lower 50%

IV. PLEASE COMPARE THE CANDIDATE WITH OTHER STUDENTS

	Outstanding	Above Average	Below Average	No Good Basis for Judgment
Academic Achievement				
Academic Potential and ability to apply theory to practice				
Intellectual ability				
Aptitude for Research				
Originality and Imaginative Thought				
Writing Ability				
Oral Ability				
Industry & Resourcefulness				
Professional Commitment				

V. IN THE SPACE BELOW, PLEASE INDICATE YOUR GENERAL ASSESSMENT OF THE CANDIDATE AND ANY OTHER COMMENTS THAT YOU MAY WISH TO MAKE

.....

REFEREE'S NAME SIGNATURE:.....

DEPARTMENT/STAMP INSTITUTION:.....

POSITION:.....

TEL/E-MAIL ADDRESS:.....

DATE:.....



INSTITUTE OF LOCAL GOVERNMENT STUDIES
Building Capacity for Local Governance

PROFESSIONAL REFEREE'S CONFIDENTIAL APPRAISAL FORM

A. TO THE REFEREE

The candidate named below has applied for admission to a graduate programme at the Institute of Local Government Studies. Your completion of this confidential appraisal form will aid us greatly in our assessment of the applicant.

PLEASE RETURN DIRECTLY TO:

**THE DEAN OF STUDIES AND RESERACH
INSTITUTE OF LOCAL GOVERNMENT STUDIES (ILGS)
P.O.BOX LG 549
LEGON, ACCRA, GHANA**

(IT WOULD BE GREATLY APPRECIATED IF YOU COULD, AS SOON AS POSSIBLE, TAKE ACTION ON THIS FORM, BECAUSE WITHOUT A REFEREE'S REPORT AN APPLICATION IS DEEMED INCOMPLETE AND SHALL NOT BE CONSIDERED)

B. TO BE COMPLETED BY CANDIDATE (please specify)

Applicant's name:

.....

Programme applied for:

C. TO BE COMPLETED BY REFEREE

I. I HAVE KNOWN THE APPLICANT FOR YEARS IN HIS/HER CAPACITY AS
THE

II. I WOULD RECOMMEND THE APPLICANT'S ADMISSION
[] Without reservation [] With some reservation [] Not at all

IV. PLEASE COMPARE THE CANDIDATE WITH OTHER COLLEAGUES

	Outstanding	Above Average	Below Average	No Good Basis for Judgment
Professional Achievement				
Applicants ability to apply theory to practice				
Professional ability				
Innovation				
Originality and Imaginative				
Ability to present reports				
Oral Ability				
Resourcefulness				
Professional Commitment				

V. IN THE SPACE BELOW, PLEASE INDICATE YOUR GENERAL ASSESSMENT OF THE CANDIDATE AND ANY OTHER COMMENTS THAT YOU MAY WISH TO MAKE

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REFEREE'S NAME SIGNATURE:.....

STAMP OF INSTITUTION:.....

POSITION:.....

TEL/E-MAIL ADDRESS

DATE:.....