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¢200.00 upon submission.
   ii) Applicants outside Ghana and Non-Ghanaians are required to pay a non-refundable application fee of US$150.00 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.
   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 17th January, 2020–28th August, 2020

PROPOSED PROGRAMME OF STUDY:

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

(BLOCK LETTERS)
TO BE COMPLETED IN TRIPlicate
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 AUGUST, 2020 WITH THE FOLLOWING ENCLOSURES

(i) Application Fee of GHS 200.00 (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 $150.00 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………………………………………………………………

5. Home Town (giving Region/Country)……………………………………………………

6. Nationality…………………………………………………………………………………

7. Religious Denomination (if any)…………………………………………………………

8. Marital Status ……………………………………………………………………………
   No. 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


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


11. Relationship of Guardian to candidate


12. Name and Address of Next of Kin


13. Relationship of Next of Kin to candidate


14. Secondary Education (indicate dates)


15. Previous Universities attended with date


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


17. Other academic qualifications


18. Particulars of past and present employment

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Duration</th>
<th>Position Held</th>
<th>Address</th>
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</thead>
<tbody>
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<td>From</td>
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</table>

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 acknowledged by
Bank Draft No/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 RESEARCH
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

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Average</th>
<th>Below Average</th>
<th>No Good Basis for Judgment</th>
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<tbody>
<tr>
<td>Academic Achievement</td>
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<tr>
<td>Academic Potential and ability to apply theory to practice</td>
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<tr>
<td>Intellectual ability</td>
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<tr>
<td>Aptitude for Research</td>
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<tr>
<td>Originality and Imaginative Thought</td>
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<tr>
<td>Writing Ability</td>
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<tr>
<td>Oral Ability</td>
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<tr>
<td>Industry &amp; Resourcefulness</td>
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<tr>
<td>Professional Commitment</td>
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</table>

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

REFEEER’S NAME SIGNATURE:                                                                                           
DEPARTMENT/STAMP INSTITUTION:                                                                                        
POSITION:                                                                                                           
TEL/E-MAIL ADDRESS:                                                                                                 
DATE:
A. TO THE REFEREE
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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

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Below Average</th>
<th>No Good Basis for Judgment</th>
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<tr>
<td>Professional Achievement</td>
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<td>Applicants ability to apply theory to practice</td>
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<td>Professional ability</td>
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<td>Innovation</td>
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<td>Originality and Imaginative</td>
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<td>Ability to present reports</td>
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<td>Oral Ability</td>
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REFEREE’S NAME SIGNATURE: .................................................................

STAMP OF INSTITUTION: ..............................................................

POSITION: ...........................................................................................

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

DATE: ...............................................................................................