

PASSPORT
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GHANA INSTITUTE OF JOURNALISM



SCHOOL OF GRADUATE STUDIES AND RESEARCH (SoGSaR)

POST GRADUATE APPLICATION FORM

INTENDED PROGRAMME OF STUDY - OPTIONS:

REGULAR

WEEKEND

MA IN JOURNALISM

MA IN PUBLIC RELATIONS

MA IN PUBLIC RELATIONS

MA IN DEVELOPMENT COMMUNICATION

MA IN MEDIA MANAGEMENT

MA IN DEVELOPMENT COMMUNICATION

1. Personal Information

Name: _____
(Surname) (First Name) (Other Names)

Permanent Mailing Address:

Date of Birth: _____ / _____ / _____
Day Month Year

Town/Country of Birth: _____

Nationality: _____

Sex: _____

Marital Status: _____

No. of Children: _____

Describe Any Physical Challenges That You Have:

Telephone Number: _____

E-Mail: _____

Name and Address of Parent/Guardian/Sponsor:

Contact Numbers of Parent/Guardian/Sponsor: _____

2. Academic and Professional Qualifications

All applicants should send copies of academic and professional qualifications obtained, translated into English where appropriate.

2.1 Most Recent/Current Academic Qualifications

Please give details of your most recent/current undergraduate or postgraduate degree:

University /College (including full address and country in which studying)	Degree/Qualification (including grade)	Degree Subject	Date Degree was Awarded/ Results Expected

Length of Programme (years): _____ Dates of Attendance. From: _____ To: _____

2.2 Other Academic Qualifications Obtained

Please list any other relevant academic qualifications obtained from the age of 16years onwards.

University /College (including address and country)	Qualification (including grade)	Degree obtained	Full-time, Part-time or Distance Learning

2.3 Professional Qualifications

Please provide details of professional or other qualifications obtained or pending.

Name of Qualification	Date Obtained/ To Be Taken	Method of Study (Full-time, Part-time or Distance Learning)	Name and Address of Educational Institution/ Awarding Body

2.4 Membership of Professional Institutions (if applicable)

Please state the name of the institution of which you are a member, your level of membership, the date you became a member, its expiry date (if applicable) and your registration number.

3. Employment Information

Please give details of any current/previous employment history (with dates) which may support your applications. In addition to the completed application form, you may include a typewritten CV (**not more than two sides of A4**).

Employer	Employer Contact Details	Position	Nature of work (Please state whether (FT/PT)	Dates

5. Personal Statement

To be completed by applicants. In the personal statement, please provide information that is relevant to your application for admission, e.g. why do you wish to follow this programme? What benefits do you expect to gain from it? What skills and experience do you possess which make you a suitable applicant? **Not more than 250 words.**

6. English Language Proficiency

My first language is English Another language Please specify _____

Do you have any of the following English Language qualifications?

Qualification*	Grade/score	Date of Examination
GCSE/ O LEVEL		
IELTS		
TOEFL		
Other (e.g. degree through the medium of English)		

**Applicants whose first language is not English will be expected to provide proof that they have obtained the required level of English competency for the propose degree programme (e.g. photocopy of certificate).*

7. Confidential References

Two people who have knowledge of your academic and professional ability must support your application by providing references. If you are currently a student or have recently completed your studies, at least one of the references must be a lecturer or professor from your university. Applicants should print the Reference Forms and give them to their referees for completion. Completed Reference Forms should be sent to the address below:

You must provide the names and addresses of two referees. You may also be contacted for additional references:

1st Referee _____
(Name)
Address _____

2nd Referee _____
(Name)
Address _____

City/Town _____

City/Town _____

Postcode/Area Code _____

Postcode/Area Code _____

Country _____

Country _____

Knowledge of applicant _____

Knowledge of applicant _____

Checklist – Please make sure that you include the following:

- Application Form (signed and dated
- 2 Referee report forms/Letters and contact details of the 2 referees
- Copies of relevant qualifications certificates and transcripts
- Two passport photograph (with white background)
- Application Form receipt of **GH¢200.00**. Foreign students are to pay **\$150** for the Application Form

(Payment for downloaded form should made at **FIDELITY BANK**, Account Number **1070331304406** at any of their branches in Ghana)

Completed forms and supporting documents should be sent to:

**The Senior Assistant Registrar,
SoGSaR,
Ghana Institute of Journalism,
P. O. GP 667,
Accra.
Emails: sogsar@gij.edu.gh
sogsar@gmail.com**

Tel: 233-0302 228336 or 026 396 0567

I confirm that, to the best of my knowledge, the information provided in this form is factually accurate and that no requested information, or any additional information relevant to this application, has been omitted.

Signature of Applicant: _____

Date: _____

OFFICIAL USE ONLY

RECEIPT NO: _____ DATE: _____
(To be completed by Finance Office)

DATE OF SUBMISSION: _____

REMARKS: _____

APPLICATION FORM VETTED BY: _____

SIGNATURE _____ DATE _____
(To be completed by Academic Affairs Registry)



GHANA INSTITUTE OF JOURNALISM
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(SoGSaR)

REFERENCE FORM

I. This section is to be completed by the Applicant.

After completing this section, please give this **REFERENCE FORM** to your referee to be completed.

Applicant's Name: _____

Applicant's Address: _____

City/Country: _____

Date of Birth: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Programme of Study: _____

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:

GIJ would appreciate your assessment of the applicant's qualities. The Institute will use your assessment only in the evaluation of the applicant's admission and its confidentiality will be safeguarded.

Please complete this form as soon as possible and return to:

The Senior Assistant Registrar,
SoGSaR,
Ghana Institute of Journalism,
P. O. GP 667,
Accra.
Emails: sogsar@gij.edu.gh
sogsar@gmail.com

Tel: 233-0302 228336 or 026 396 0567

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.

Rate the applicant 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 **SoGSaR** would appreciate your overall assessment of the applicant's academic capabilities:

II. The Referee:

Referee's Name: _____

Organisation: _____

Position: _____

Address: _____

Region / City / Country: _____

Contact Phone Number: _____ *Fax Number:* _____

E-mail: _____

Referee's Signature: _____ *Date:* _____