

GHANA INSTITUTE OF JOURNALISM



APPLICATION FORM B.A. IN COMMUNICATION STUDIES

ACADEMIC YEAR: _____

1. PROGRAMME OF STUDY: JOURNALISM PUBLIC RELATIONS

2. OPTION: REGULAR TOP-UP

3. NAME: _____
(Surname) (First Name) (Other Names)

Passport Picture
(with White background)

4. PERMANENT MAILING ADDRESS:

5. DATE OF BIRTH: ____/____/____ **6. TOWN/COUNTRY OF BIRTH:** _____
Day Month Year

7. NATIONALITY: _____ **8. SEX:** _____

9. MARITAL STATUS: _____

10. DESCRIBE ANY PHYSICAL CHALLENGES THAT YOU HAVE:

11. CONTACT TEL No.(s): _____ **12. E-MAIL:** _____

(Compulsory)

13. NAME AND ADDRESS OF PARENT/GUARDIAN/SPONSOR:

14. CONTACT No.(s) OF PARENT/GUARDIAN/SPONSOR: _____

15. STATEMENT OF INTENTION: (Summarize your objectives and reasons for applying to GIJ)

16. SUPPORTING MATERIALS: (List of Certificates, Photographs, paintings, Drawings, Films, etc. you are sending with this application (Photocopies only))

1 _____

2 _____

3 _____

4 _____

EDUCATION

17. NAME AND ADDRESS OF SCHOOLS AND COLLEGES ATTENDED WITH CERTIFICATES OBTAINED

NAME AND ADDRESS	YEAR		CERTIFICATES OBTAINED
	FROM	TO	

18. DETAILS OF EXAMINATIONS PASSED
SENIOR SECONDARY SCHOOL CERTIFICATE EXAMINATION
(SSSCE)

MONTH & YEAR:.....

	SUBJECT	GRADE
i)		
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		
ix)		

WEST AFRICAN SENIOR SECONDARY SCHOOL CERTIFICATE EXAMINATION
(WASSCE)

MONTH & YEAR:.....

	SUBJECT	GRADE
i)		
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		
ix)		

OTHER EXAMINATIONS

MONTH & YEAR:.....

	SUBJECT	GRADE
i)		
ii)		
iii)		
iv)		
v)		
vi)		

19. WORKING EXPERIENCE (Please list most recent employment if any)

NAME & ADDRESS OF ORGANIZATION	EMPLOYMENT FROM	TO	DESCRIBE TYPE OF WORK	REASON FOR LEAVING

REFEREE

This should be signed by someone of high repute who should also endorse one of the Passport-size Photographs on the reverse side. This person should be a Senior Public Servant belonging to the learned professions (eg. A Clergyman, Lawyer, Medical Practitioner etc)

I _____
certify that the photograph endorsed by me is the true likeness of the applicant,

_____ who is personally known to me. I have inspected His/Her certificates and I am satisfied that the names on them conform to those by which, to the best of my knowledge, He/She is officially known.

STATUS: _____

ADDRESS: _____

E-MAIL: _____ **TEL No.** _____

SIGNATURE: _____

SIGNATURE OF APPLICANT _____ **DATE** _____

NOTE:

AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE IS ALREADY ADMITTED INTO THE INSTITUTE, HE/SHE MAY BE ASKED TO WITHDRAW.

OFFICE USE ONLY

RECEIPT No...... **DATE**.....

DATE OF SUBMISSION.....

REMARKS.....

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VETTED BY:.....