

GHANA SCHOOL OF LAW



APPLICATION FORM FOR SHORT COURSES

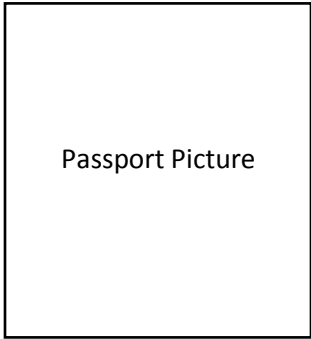
P. O. Box 179, Accra

Tel: 0307003230 / 0307003231

Email: shortcourses@gslaw.edu.gh

Website: www.gslaw.edu.gh

1. This form must be filled in CAPs.
2. Submit the completed form with Banker's Draft in favour of Board of Legal Education to the Accounts Office of the Ghana School of Law for Processing.



PLEASE INDICATE THE COURSE THAT YOU WISH TO PURSUE

DATE OF PROGRAMME:

From: **To:**

Please indicate if you have ever enrolled at Ghana School of Law [NO] [YES]

If yes, please indicate your Student I.D Number

SECTION A: PARTICULARS OF APPLICANT

1. **SURNAME:**

2. **MIDDLE NAME(S):**.....

3. **FIRST NAME(S):**

4. **NATIONALITY:**

5. **AGE:** 6. **DATE OF BIRTH** 7. **GENDER**

8. **POSTAL ADDRESS**.....

9. **EMAIL**.....

a. **MOBILE NO:** b. **TEL NO:**

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10. EDUCATIONAL BACKGROUND (List Certificates, Diplomas, Degrees etc., Possessed with dates)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

11. NAME OF ORGANIZATION:

12. HOW LONG HAVE YOU BEEN WORKING?

13. PRESENT POSITION:

a. NO. OF YEARS IN PRESENT POSITION:

b. DUTIES (IN BRIEF):

.....

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**14. SPECIALTY: BRIEFLY STATE HOW THIS PARTICULAR COURSE FITS
IN WITH YOUR PRESENT JOB AND FUTURE PLANS:**

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

15. SPONSORSHIP: (Tick the appropriate box)

- a.** Self-Sponsorship [] **b.** Official Sponsorship []

SIGNATURE OF APPLICANT **DATE**.....

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SECTION B: SPONSOR'S OFFICIAL NOMINATION

This section must be completed by the Head or his/her representative of the organization of applicants who answered question 15(b).

16. I WISH TO NOMINATE THE APPLICANT BELOW FOR ADMISSION TO THE COURSE.

NAME OF HEAD:

RANK/TITLE:

E-MAIL: **MOB/TEL.NO.**.....

NAME OF APPLICANT:

SIGNATURE AND OFFICIAL STAMP..... **DATE**.....

FOR OFFICIAL USE ONLY

SECTION C: (1) ACCOUNTS VALIDATION

COURSE FEES:

Amount Paid	Date of Payment	Balance (if any)

SIGNATURE:

(ACCOUNTS)

SECTION C: (2)

APPLICANT ADMITTED: YES [] NO []

SIGNATURE:

DATE:

(COURSE DIRECTOR)

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