

# GHANA SCHOOL OF LAW / PUBLIC PROCUREMENT AUTHORITY



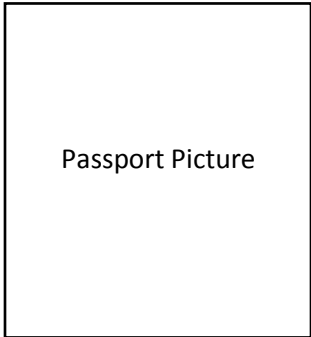
## APPLICATION FORM FOR SHORT COURSES

P. O. Box 179, Accra

Email: [shortcourses@gslaw.edu.gh](mailto:shortcourses@gslaw.edu.gh)

Tel: 0307003230 / 0307003231

Website: [www.gslaw.edu.gh](http://www.gslaw.edu.gh)



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:** .....

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

**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**.....

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**FOR OFFICIAL USE ONLY**

**SECTION C: (1) ACCOUNTS VALIDATION**

**COURSE FEES:**

<b>Amount Paid</b>	<b>Date of Payment</b>	<b>Balance (if any)</b>

**SIGNATURE:** .....

**(ACCOUNTS)**

**SECTION C: (2)**

**APPLICANT ADMITTED:** YES [    ]    NO [    ]

**SIGNATURE:** .....

**DATE:** .....

**(COURSE DIRECTOR)**

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