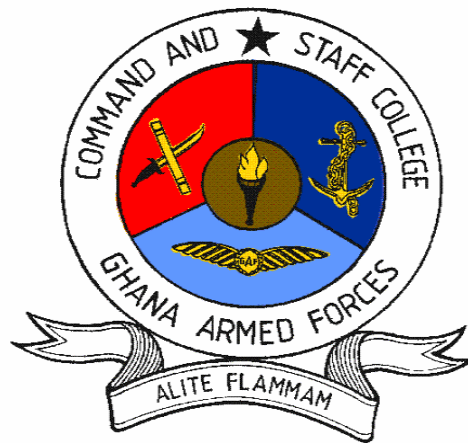


G AFCSC/Master's Course (For office use only)

APPLICANT'S NAME.....
(Surname first e.g. Anderson, Kwame)

Photograph

GHANA ARMED FORCES COMMAND AND STAFF COLLEGE (G AFCSC)



ACADEMIC DIVISION

Application Form for

**MASTER OF SCIENCE IN
DEFENCE AND INTERNATIONAL
POLITICS (MDIP)**

1. General Information

a) **Proposed Entry Date** (mm/yyyy) _____

b) About You:

Title: Mr. /Mrs. etc _____ Date of Birth (dd/mm/yyyy) _____

Surname Name _____ Country of Residence _____

Other Name(s) _____ Country of Birth _____

Sex: Male _____ Female _____ Nationality _____

Rank* _____

Date of Commission/ Passing Out * _____

Current Unit* _____

c) Contact Information

Address for Correspondence _____

Telephone Number _____

Country _____

Mobile number _____

Email Address _____

Fax Number _____

2. Academic/Professional Qualifications

From	To	Name of Institution & Location	Course & Subject	Qualifications
(Example)				
<u>09/04</u>	<u>07/08</u>	<u>Example School, Someplace</u>	<u>Business Admin (Finance)</u>	<u>BSc Admin (1st Class)</u>
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____
d)	_____	_____	_____	_____

Please include official transcripts of your studies, detailing subjects studied and grades achieved together with a translation into English if appropriate, or indicate if you have arranged for them to be sent direct to the Registrar, GAFSC.

*** Indicate Not Applicable if this does not apply to you**

3. Language Skills

What is your first language? _____

How often do you use English in a business context? daily weekly rarely never

How often do you use English in a study context? daily weekly rarely never

Competence in reading, speaking and writing in English is essential if you are to get the most from the GAF CSC Masters course. We ask that you demonstrate competence in English by one of the following criteria. Please indicate which:

 English is your native language

 You have graduated with a degree from an English-speaking University

 You have worked in an English-speaking environment for at least two years

If English is not your native language, please outline your experience of working or studying in an English-speaking environment and indicate if, when and where you plan to take further English language training before starting the GAF CSC Masters course.

Please list languages you can use, apart from English, indicating whether your ability is basic, competent or fluent in each:

Language	Level of competence
_____	<u> </u> basic <u> </u> competent <u> </u> fluent
_____	<u> </u> basic <u> </u> competent <u> </u> fluent
_____	<u> </u> basic <u> </u> competent <u> </u> fluent
_____	<u> </u> basic <u> </u> competent <u> </u> fluent
_____	<u> </u> basic <u> </u> competent <u> </u> fluent

4. EMPLOYMENT (include a current CV or Resume)

(a) About your Current Employment

Job Title/Position Held _____ Date Employment Started _____

Department _____ Total Experience on Current Job _____

Name of Organization _____

Address _____ Does your Employer know you are applying to the GAF CSC MSc DIP? _____

Country _____ May we Contact you at Work? _____

(b) About your Previous Employment (if any)

Particulars of Past Employment (indicate job title, position held, and name of organization, date and address in that order)

_____	_____
_____	_____
_____	_____
_____	_____

5. About Research Experience

Give a brief outline of Research undertaken. *(Please Type on a Separate Sheet of Paper and include the following details for each one).*

Your Name, Title of Research, Description and Duration

6. Why you want to join the GAF CSC Master’s Course. Your answer should be an essay (to be attached) to cover the following:

- (a) Explain your principal reasons for wishing to join the GAF CSC Masters Course.
- (b) Describe your career aspirations in the next decade.
- (c) Describe the contribution you will make to the programme when admitted.
- (d) State if you will be sponsored and indicate the value you will add to your sponsoring organization.

7. Funding.

Which of the following sources of finance do you propose to use in funding your GAF CSC Masters course.

_____ Self funding	_____ Self-funding with bank loan
_____ Self funding with Employer contribution	_____ Employer sponsorship
_____ Scholarship	_____ Other, (please specify)

8. Essay

Please use a separate sheet of paper to write about the following topic, taking no more than 1,000 words.

“Describe one Accomplishment that occurred in the Last Five Years of Which You Are Most Proud and Why”

9. Choosing an MSc Programme

(a) Please list, in order of preference and including GAF CSC, the institutions to which you have made an application for an MSc Programme.

1. _____ 2. _____
3. _____ 4. _____

(b) How did you find information about the GAF CSC MSc Programme?

Web site: _____
 Colleagues/employer _____
 Press advertisement _____
 Other (Please specify) _____

10. Referees

Please choose two referees who have direct knowledge of your intellectual ability and/or your professional skills. If you have left further or higher education within the last five years, you should offer one academic reference and one employment-related reference. References from personal friends or relatives are not acceptable.

Each referee should complete one reference form, seal it in an envelope, sign across the seal to ensure confidentiality, and then return it to you before you submit your application.

	First Referee	Second Referee
Name	_____	_____
Position	_____	_____
Relationship to you	_____	_____
Address	_____ _____ _____	_____ _____ _____
Telephone Number	_____	_____
Email Address	_____	_____

Checklist

Please staple your recent passport-sized photograph to your application form. All applicants will be treated on equal grounds irrespective of sex, gender, religion, ethnicity, marital status or physical ability.

Please tick when you have enclosed:

- two (2) completed application form with a copy of your essays and CV.
- two (2) copies of relevant certificates authenticated by the awarding institution.
- one (1) original copy of transcript of academic records
- two (2) recent passport size photographs attached to forms.
- two (2) references sealed in their envelopes
- one (1) stamped self-addressed envelope
- sponsorship statement form (for sponsored applicants)
- application form receipt of GHC 100.00 (Payment of downloaded form should be made at the following account detail:

BANKERS: STANBIC GHANA

ACCOUNT NAME: GHANA ARMED FORCES COMMAND AND STAFF COLLEGE USD ACCOUNT

ACCOUNT NUMBERS: GHC ACCOUNT NUMBER 9040000115368

USD ACCOUNT NUMBER 9040005109498

BRANCH: MADINA BRANCH

SWIFT CODE: SBICGHAC

PHYSICAL ADDRESS: HOLLYWOOD BUILDING, ZONGO JUNCTION - MADINA

(Foreign students are to pay USD\$50.00 for the application form through bank transfer, e-mail Academic Registry for transfer details)

Your application cannot be processed until we have received all of these items.

Declaration

I sign to confirm that the details I have given in this application are correct, that I have included all the documents required and that I apply for admission to the GAFSC Master's course. By filling this form, I also agree and accept that GAFSC can use the information provided for both academic and administrative purposes that affect my application and admission into GAFSC.

Signature _____

Date _____

Please contact the GAFSC Academic Division office if you have any queries or comments about this form. 0504041413 / 0302717783

Academic Division, GAFSC, Out Barracks, Teshie, Accra.

Email: registrar@gafscmil.edu.gh or academic.registry@gafscmil.edu.gh

Website: www.gafscmil.edu.gh

GHANA ARMED FORCES COMMAND AND STAFF COLLEGE (GAF CSC)
ACADEMIC DIVISION

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

After filling out this section, please give this *CONFIDENTIAL* Form to your Referee to complete

Applicant's Name

Applicant's Address

City/Country Programme of Study

Date of Birth

Telephone Number: Fax Number

E-mail:

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:

GAF CSC would appreciate your assessment of the applicant's qualities. The Centre will use your appraisal only in the evaluation of the participant's admission and its confidentiality will be safeguarded.

Please complete this form as soon as possible and return to: **The Registrar**
GAF CSC Academic Division
Otu Barracks, Teshie, Accra
Tel.: +233(0)302717783 / 0504041413
Email: registrar@gafscmil.edu.gh :
academic.registry@gafscmil.edu.gh
Website: www.gafscmil.edu.gh

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:

1.1 In your view, how does the applicant rate 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 GAFSCSC would appreciate your overall assessment of the applicant's academic capabilities:

III. The Referee:

Referee's Name

Organization

Position

Address

Region/City / Country

Contact Phone Number:

Fax Number:

Referee's Signature/ Stamp

Date:

E-mail