



# Liberia Institute of Public Administration (LIPA)

PHOTO

**L I P A**



**A PREMIER CENTER FOR EXCELLENCE IN CAPACITY  
BUILDING FOR QUALITY SERVICE DELIVERY**

**Application Form  
For Professional Certificate and Diploma  
Courses**

# Liberia Institute of Public Administration (LIPA)



## Application form for admission to LIPA Professional Certificate and Diploma Courses

(PLEASE COMPLETE FORM IN BLOCK CAPITAL AND ATTACH ALL RELEVANT  
CERTIFIED COPIES OF CERTIFICATES)

PROGRAM APPLIED FOR: \_\_\_\_\_

1. Dr./ Mr./Mrs./ Miss. \_\_\_\_\_ (strike out whichever is not  
applicable)

2. Surname Name: \_\_\_\_\_

3. First Name: \_\_\_\_\_

4. Other /Middle Name(s): \_\_\_\_\_

**Affix Picture  
Here**

(the names entered on this form must be the same in spelling and order as those  
used in all certificates; any names change must be submitted with relevant  
documents)

5. (a) Date of Birth \_\_\_\_\_

(b) Nationality: \_\_\_\_\_

6. Marital Status: Single ( ) /Married ( ) Others : \_\_\_\_\_ ( Strike  
out whichever is not applicable)

7. Religion (if any) Christianity /Islam /Traditional /Other (Strike out whichever is  
not applicable)

8. (a) Name of Next of Kin: \_\_\_\_\_

(b) Relationship to Candidate: \_\_\_\_\_

(c)Address /Telephone Contact of Next of Kin: \_\_\_\_\_

**9. Educational Background: (List Certificates, Diplomas, Degrees etc. Possessed, with Dates)**

Date		Institution	Qualification
From	To		

***(THIS INFORMATION WOULD BE TREATED AS CONFIDENTIAL)***

10. Address to which all communications in connection with this application should be sent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

11. Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

12 . Are you currently working? Yes ( ) No ( ) if yes,

a. Total Working Experience: \_\_\_\_\_

b. Present Occupation: \_\_\_\_\_

c. Name of your Organization: \_\_\_\_\_

13. Is your organization responsible for your fees? Yes ( ) No.( )

14 If not being sponsored by your Employer, state how you would finance your studies at LIPA. \_\_\_\_\_

**IMPORTANT:**

**AN APPLICANT WHO MAKES A FALSE STATEMENT MAY BE REFUSED ADMISSION OR, IF HE/SHE ALREADY ENROLLED, HE/SHE MAY BE ASKED TO WITHDRAW FROM THE LIBERIA INSTITUTE OF PUBLIC ADMINISTRATION (LIPA) PROFESSIONAL CERTIFICATE AND DIPLOMA COURSES.**

**APPLICATION:**

**Application forms can be obtained @[www.lipa.gov.lr](http://www.lipa.gov.lr) or the Department of Training as detailed below.**

**Prospective participants may contact LIPA at the following addresses and Telephone Numbers for further inquiries:**

*The Department of Training  
Admission Office  
Liberia Institute of Public Administration (LIPA)  
P.O. Box 9045  
North Gibson Street,  
Mamba Point, Monrovia, Liberia  
Cell: **Cell: 0770-187-403/0886-832008/ 0777-397-357/0886-954-041/0777-031-446**  
EMAIL:[varneyfolley@yahoo.com](mailto:varneyfolley@yahoo.com)*

Signed: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

This section below must be completed by the organization's Head or his /her designate for applicants who are being sponsored by their organization).

I, the undersigned, wish to nominate the above personnel of my organization for admission to the course(s) applied for herein.

(a) Name of Nominating Officer: \_\_\_\_\_

(b) Position/ Title: \_\_\_\_\_

(c) Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be returned with two (2) passport size photos, Two (2) letters of Recommendation, and copies of degree and transcript in an A-4 Manila folder within Five (5) working days, Please bring along the original degree and transcript.*