



### **Liberia Institute of Public**

**Administration (LIPA)** 

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./ Missapplicable)	(strike out whichever is not
<ol> <li>Surname Name:</li> <li>First Name:</li> </ol>	Here
4. Other /Middle Name(s):	
(the names entered on this form must be used in all certificates; any names chang documents)	e the same in spelling and order as those ge must be submitted with relevant
<ul><li>5. (a) Date of Birth</li><li>(b) Nationality:</li></ul>	
6. Marital Status: Single ( ) /Married ( ) Ot out whichever is not applicable)	hers:( Strike
7. Religion (if any) Christianity /Islam /Tranot applicable)	nditional /Other (Strike out whichever is
8. (a) Name of Next of Kin:	
(b) Relationship to Candidate:	
(c)Address /Telephone Contact of Next of	of Kin:

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

D	ate	Institution	Qualification
From	То		

### (THIS INFORMATION WOUL D BE TREATED AS CONFIDENTIAL)

10. Address to which all communications in connection with this application should be sent:		
mail Address:Cell:		
1. Permanent Home Address:		
2 . Are you currently working? Yes ( ) No ( ) if yes,  a. Total Working Experience:		
b. Present Occupation:  c. Name of your Organization:		
3. Is your organization responsible for your fees? Yes ( ) No.()		
4 If not being sponsored by your Employer, state how you would finance your tudies 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 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 Signed: \_\_\_\_ Date: **Applicant** 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.