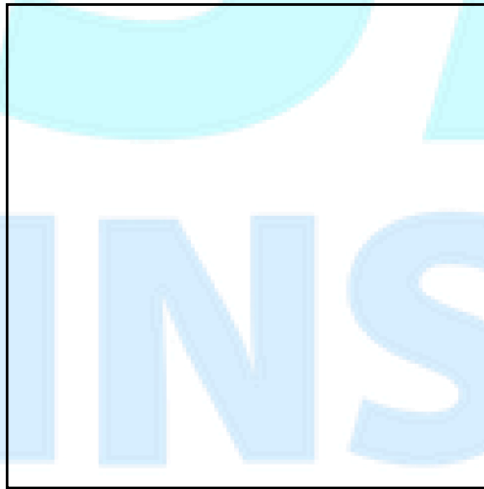




GRADUATE/POST GRADUATE Application Form

MM/YY: _____



PASSPORT PICTURE
HERE

PERSONAL DETAILS

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Gender: Male / Female

Religion: _____

CONTACT INFORMATION

Postal Address: _____ GhanaPostGPS: _____

Residential Address (House No., Street & Area): _____

Mobile Number: _____ Email Address: _____

PROGRAMMES

Post Graduate Certificate in Transformation Leadership

Post Graduate Certificate in International Relations

Post Graduate Diploma in Transformation Leadership

Post Graduate Diploma in International Relations

Master of Arts in Leadership and Management

Master of Arts in International Relations & Diplomacy

EDUCATION

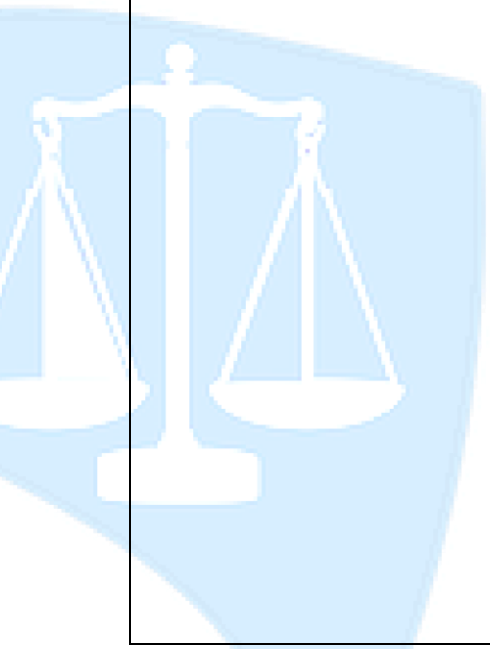
Schools/Colleges attended:

Name and Address	Year		Certificates Obtained
	From	To	

EMPLOYMENT

Current and Previous Employment Records

NAME & ADDRESS OF ORGANIZATION	DURATION		DESCRIBE TYPE OF WORK
	FROM	TO	



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SPONSORSHIP

Full Name of Sponsor: _____

Relationship of Sponsor to Applicant (Employer/Parent/Guardian/etc.): _____

Nationality: _____

Postal Address of Sponsor: _____

Country of Residence: _____ Phone Number: _____

Email Address: _____

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PHYSICAL CHALLENGE(S)

Do you have any special needs or require support as a consequence of any disability or medical condition?

Yes No

If you have answered "Yes" to the above question, please describe the disability or medical condition.

EXTRACURRICULAR ACTIVITIES & INTERESTS

List your hobbies and extracurricular activities:

Source of information about SALT Institute:

UNDERTAKING

I hereby confirm that all the information given in this application are true reflection of me. I take full responsibility of any falsification detected. I will keep and give my all to get the best of the knowledge that will be in imbued in me.

Name: _____

Date: _____

Signature: _____

REFERENCE FORM

APPLICANT DETAILS

Full name of Applicant: _____

Program of Choice: _____

REFEREE DETAILS (1)

Full name of Referee: _____

Occupation/Designation: _____

Work Address: _____

Phone number: _____ Email: _____

Date: _____ Signature _____

REFEREE DETAILS (2)

Full name of Referee: _____

Occupation/Designation: _____

Work Address: _____

Phone number: _____ Email: _____

Date: _____ Signature _____

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FOR OFFICIAL USE

Receipt No.: _____ Date: _____

Date of Submission: _____ Vetted By: _____

Comments: _____

Signature & Stamp

Date

APPLICATION FEE

Non-refundable application fee of Gh¢150 for Ghanaian applicants and US\$50 for International applicants

PAYMENT METHOD

Application form must be accompanied with payment made to:

MTN Mobile Money: +233 54 835 9141

Vodafone Money: +233 20 974 9930

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OR

UBA USD ACCOUNT DETAILS

Name:	SALT INSTITUTE
Acc Number (USD):	012 117 451 04230
Bank:	UBA Bank Ghana Limited
Branch:	East Legon
Address:	Plot 85 Lagos Avenue, East Legon
Swift Code:	STBGGHAC

CORRESPONDING BANK DETAILS

Citi Bank N.A.
Address: 111 Wall Street, New York, N.Y.
Swift Code: CITIUS33

UBA GHS ACCOUNT DETAILS

Name:	SALT INSTITUTE
Acc Number (USD):	012 117 451 03503
Bank:	UBA Bank Ghana Limited
Branch:	East Legon

International Mobile money transfer can be made via Zeepay and other money transfer mechanisms. Kindly contact your local bank for details. Cash payments, payment in Ghana Cedis or direct payments through staff of the Institute are not permitted. Students are required to notify the Institute of any payments made by forwarding the payment transfer advice to info@saltinstituteghana.org.

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MAILING INFORMATION

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New Achimota
P.O. Box DC 682
Accra, Ghana

T: +233 54 835 914 / +233 20 974 9930

E: info@saltinstituteghana.org

URL: www.saltinstitute.org

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