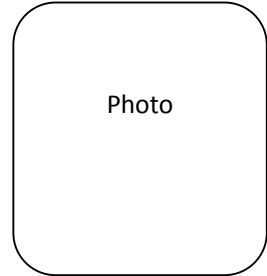




Liberia Institute of Public Administration (LIPA)



P.O. Box 9045
North Gibson Street, Mamba Point
MONROVIA, LIBERIA



ADMISSION FORM

1. Name: _____
Last *First* *Middle*
2. a) Email: _____ b) Cell #: _____
3. a) Nationality: _____ b) County: _____
4. Course applying for _____
5. Are you working? Yes () For how long? _____ No ()
6. Name of organization, *if working* _____
7. Current position in organization _____
8. Number of years in current position _____
9. Is your organization responsible for your fees? Yes () No ()
10. If "no" in above, who then is responsible for your fees? _____
11. Educational qualification: (i.e. *degree(s) obtained, where applicable: ex. B.A; M.Sc.*) _____
12. Field of study _____
13. School completed _____

Signed: _____ **Date:** _____
Applicant

14. (The 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: _____

