

Applicant's Name:.....

(Surname first)

Programme of Study:.....

(M.A/M Phil/PhD)

Applicant's  
Photograph

## INSTITUTE OF DEVELOPMENT AND TECHNOLOGY MANAGEMENT (IDTM)



*APPLICATION FORM*

*FOR*

**GRADUATE PROGRAMMES**

**A. PERSONAL DETAILS**

- 1. Title (Mr./Mrs./Ms/Dr/Prof):.....
- 2. Surname/Family Name:.....
- 3. First/Given Name(s):.....
- 4. Previous Surname/Family Name (if applicable):.....
- 5. Place and Date of Birth:.....
- 6. Sex:.....
- 7. Nationality:.....

**B. CONTACT ADDRESS**

Address for correspondence Telephone Number(s).....  
..... WhatsApp Number .....

..... Email Address.....  
..... Country.....

**C. ACADEMIC ACHIEVEMENTS**

Undergraduate and Postgraduate Qualification(s)

From	To	Name of Institution & Location	Subjects & Grades	Qualifications
09 94	07 96	Example School, Someplace	BSc Admin (1st Class)	Marketing
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Professional Qualification(s)

From	To	Name of Institution & Location	Subjects & Grades	Qualifications
09 94	07 96	Example School, Someplace	BSc Admin (1st Class)	Marketing
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

*Please include photocopies of certified certificates, 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 directly to IDTM.*

**D. PROGRAMME CHOICE:**

- MA (Development Studies)
- M Phil (Development Studies)
- PhD (Development Studies)

**E. SPECIALIZATION**

*(Select preferred specialization from the IDTM admission brochure on the website and indicate;)*

1. 1<sup>st</sup> Choice: .....

2. 2<sup>nd</sup> Choice: .....

**F. EMPLOYMENT (include a current CV or Resume)**

**(i) About your Current Employment**

Job Title/Position Held.....	Date Employment Started.....
Department.....	Years of Experience on Current Job (years).....
Name of Organization.....	Office Address:.....
.....	Country.....
.....	

**(ii) About your Previous Employment (if any)**

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

.....	.....	.....	.....
.....	.....	.....	.....
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.....	.....	.....	.....
.....	.....	.....	.....

**G. Why Do You Want to Join the IDTM Graduate Programme?**

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.....  
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.....

**H. FUNDING**

Which of the following sources of finance do you propose to use in funding your IDTM programme?

- \_\_\_\_\_ Self funding
- \_\_\_\_\_ Self-funding with bank loan
- \_\_\_\_\_ Self funding with employer contribution
- \_\_\_\_\_ Employer sponsorship
- \_\_\_\_\_ Scholarship(indicate source)
- \_\_\_\_\_ Other, (please specify)

**I. (a) Who introduced you to IDTM Graduate programmes? (Please specify)**

- i. Former Participant
- ii. Current Participant
- iii. Other, (please specify) .....

**(b) How did you find information about the IDTM Graduate Programme?**

- ..... Website:
- ..... Colleagues/Employer
- ..... Press advertisement
- ..... Other (Please specify) .....

**J. 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. Otherwise you should offer two employment-related references. 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.

	<b>First Referee</b>	<b>Second Referee</b>
<b>Name:</b>	_____	_____
<b>Position:</b>	_____	_____
<b>Relationship to you:</b>	_____	_____
<b>Organization name:</b>	_____	_____
<b>Address:</b>	_____	_____
	_____	_____
<b>Telephone number:</b>	_____	_____
<b>Email address</b>	_____	_____

### Checklist

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

Please tick when you have enclosed:

- one application form and CV;
- one passport-sized photograph;
- two references sealed in their envelopes;
- sponsorship statement form (for sponsored applicants);
- application fee (cost of form) receipt;
- Original academic transcripts (would be returned) and **certified true copy** of Certificate(s)

**N.B.** 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 IDTM Graduate Programme.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please contact the IDTM Registrar's Office if you have any queries or comments.

*The Registrar,  
IDTM,  
P. O. Box AD 494,  
Cape Coast.*

*Phone: 020-8824029; and 055-5371028.*

*Email: [info@idtm.edu.gh](mailto:info@idtm.edu.gh)*

*Website: [www.idtm.edu.gh](http://www.idtm.edu.gh)*

# REFERENCE FORM

## INSTITUTE OF DEVELOPMENT AND TECHNOLOGY MANAGEMENT

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:

IDTM would appreciate your assessment of the applicant's qualities. The Institute 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 applicant or IDTM:

The Registrar,  
IDTM,  
P. O. Box AD 494,  
Cape Coast.

Phone: 03321-38174; 020-8824029; and 055-5371028.

Email: [info@idtm.edu.gh](mailto:info@idtm.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 IDTM 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 Date:

.....

E-mail

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