

LIBERIA INSTITUTE OF PUBLIC ADMINISTRATION
L I P A



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

Application Form for Professional Certificate & Diploma Courses

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

Program applying for: _____

1. Full Name: _____
2. Date of Birth: _____ Nationality: _____
3. Address: _____ Contact #: _____
4. Marital Status: _____ Religion _____
5. Name of Next of Kin: _____ Relationship: _____
6. Address _____ Contact # _____
7. Education Background: (List Certificates, Diploma, Degrees, etc.)

YEAR		Institution	Qualifications
From	TO		

8. Address to which all communication in connection with this application should be sent to: _____

9. Email address: _____
10. Are you currently working? _____ . If Yes:
 - a. Total working experience: _____
 - b. Name of your employer _____
11. Who is responsible for your fees? Organization _____ Self: _____
12. Have you attended any of LIPA regular training programs? _____
13. If Yes, please give your ID # _____

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 from the website of LIPA's 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: 0770187403/0886832008
Email: training@lipa.gov.lr**

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 with so 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) letter of recommendation, and copies of degree and transcript in an A4 Manila folder within Five (5) working days, please bring along the original degree and transcript.