

Georgian Institute of Public Affairs Master's Degree Programs

Application for Admission

Personal Information Family Name ret First Name ret Date of Birth ID Document ID Number ID Issued by Date Issued Valid Until

Address City Country Postal Code Phone Mobile E-mail ertre@safd.sdf

3. Program Information

What program are you applying for? (Check one)

 \checkmark

Multimedia Journalism and Media Management (English)

4. Education

List higher education degree(s) (in reverse chronological order)

| Institution | |
|-----------------|--|
| Country | |
| Field of Study | |
| Degree | |
| Enrollment Date | |
| Graduation Date | |
| Institution | |
| Country | |
| Field of Study | |
| Degree | |
| Enrollment Date | |
| Graduation Date | |
| | |
| Institution | |
| Country | |
| Field of Study | |
| Degree | |
| Enrollment Date | |
| Graduation Date | |
| T | |
| Institution | |
| Country | |
| Field of Study | |
| Degree | |
| Enrollment Date | |
| Graduation Date | |
| | |

5. Language Proficiency

Your native language(s):

Good

| Fluent | Basic |
|---|-------------|
| English Russian German French Other Languages (Specify) | 00000 00000 |

6. Work Experience

Please list your last employments (in reverse chronological order)

| Position |
|------------|
| Supervisor |
| End Date |
| |
| |
| Position |
| Supervisor |
| End Date |
| |
| |
| Position |
| Supervisor |
| End Date |
| |
| |
| Position |
| Supervisor |
| End Date |
| |
| |

7. References

Please, provide two reference letter, Referees

| Full Name | Occupation | |
|-----------|-------------|--|
| Phone | Institution | |
| Mobile | Email | |
| | | |
| Full Name | Occupation | |
| Phoen | Institution | |
| Mobile | Email | |

8. Research and Publication

Please, provide details of your four most important publications

9. Trainings and Events Attended

Please, list training and/or seminar(s) you have attended (in reverse chronological order)

| Title | Venue |
|--------------|----------|
| Organized by | Until |
| From | |
| | |
| Title | Venue |
| Organized by | Until |
| From | = |
| Title | Venue |
| Organized by | Until |
| From | |
| Title | Venue |
| Organized by | Until |
| From | |
| Title | Venue |
| Organized by | Until |
| From | |

10. Honors and Scholarships

Please, list your major honors and/or scholarships (in reverse chronological order)

Title

Awarded by

Title

Awarded by

Award Date

Title

Awarded by

Awarded by

Title

Awarded by

Title

Title

Awarded by

Title

11. Professional Membership

12. Financial Aid/Scholarship

| Would you like to apply for financial aid/scholarship? | O _{Yes} O _{No} |
|---|-------------------------------------|
| If you are refused the financial aid, would you still enroll at GIPA? | O _{Yes} O _{No} |

13. Statement of Purpose

Please, upload a short essay describing your purpose of applying to a Masters degree program at GIPA, and how this particular program will help you in your future carrier plans.

Upload your Statement of Purpose (Group multiple files in a single ZIP [RAR not accepted] file [Total size of all uploaded files together should not exceed 50MB]) No File

Upload copies of your academic degrees (Group multiple files in a single ZIP [RAR not accepted] file [Total size of all uploaded files together should not exceed 50MB]) No File

Upload your transcripts (Group multiple files in a single ZIP [RAR not accepted] file [Total size of all uploaded files together should not exceed 50MB]) No File

Upload your recommendations letters (2) (Group multiple files in a single ZIP [RAR not accepted] file [Total size of all uploaded files together should not exceed 50MB]) No File

Awarded by Award Date

Upload copy of your ID card or passport (Group multiple files in a single ZIP [RAR not accepted] file [Total size of all uploaded files together should not exceed 50MB]) No File

14. Previous Applications (Have you ever applied to GIPA before?)

| •Yes | |
|-----------|--|
| O_{N_0} | |

If yes, please describe

15. Questionnaire (Where did you find out about GIPA Master's Program)

| GIPA Master's Program) | | |
|--|-----------------------------|--|
| ☐ Internet (specify) | | |
| Booklet | | |
| GIPA Alumni / Student | | |
| GIPA Professors / Administration | | |
| Friends | | |
| ☐ Radio / TV (Specify) | | |
| Other (Specify) | | |
| | | |
| 16. Declaration and Signature | | |
| I certify that the information on this form is correprovided will remain the property of GIPA. I authorinformation. I agree Date | _ | |
| 17. Checklist | | |
| Please check that you have enclosed the | e following items | |
| Copies of Degrees | Statement of Purpose | |
| ☐ Transcripts | Copy of ID Card or Passport | |
| Recommendation Letters | · · | |
| The Admission Committee sha | _ | |

Confidentiality

The U.S. Embassy Yerevan and the Georgian Institute of Public Affairs (GIPA) certify that information provided in the present application form will remain confidential. Only the members of the Admissions Committee will use the provided info for the selection of candidates. It will not be communicated to any other organization without the applicant's consent.

U.S Embassy Yerevan address: 1 American Avenue, 0082, Yerevan, Armenia; e-mail: sahakyanl@state.gov GIPA, Tbilisi, address: 2, Marie Brosse St, 0108 Tbilisi, Georgia; e-mail: admission@gipa.ge