

Doctor of Philosophy (Ph.D.) in Business Administration APPLICATION FORM

In affiliation with Ghana Institute of Management and Public Administration (GIMPA).

The completed application form should be returned to Nobel International Business School.

GPS address: GA-237-7090 | No. 9 Arko Lane, Off Nelson Mandela Ave, South-Legon, Accra - Ghana, or emailed to phd@nibs.edu.gh

CHECKLIST FOR APPLICATION:

Receipt of application fee

Copy of academic certificates (Bachelor's, master's or professional certificate)

Copy of academic transcripts (Bachelor's, master's or professional certificate)

Copy of Ghana Card/Passport bio data page

Two passport size photographs

Current CV

PROGRAM DURATION: **Full-time (3 - 4 years)** **Part-time (4 - 5 years)**

Please indicate program applied for.

Ph.D. in Business Administration - Finance

Ph.D. in Business Administration - Marketing

Ph.D. in Business Administration - Organisational Leadership

Ph.D. in Business Administration - Strategy & Innovation

Ph.D. in Business Administration - Management

For the admission to be valid, please provide all information in a clear and complete fashion. If there is any untrue or fake information, the admission process will be cancelled.

Personal Details

Title: Mr Mrs Other _____ Gender: Male Female

Surname: _____

Middle Name: _____

First Name: _____

Date of Birth (dd-mm-yyyy): _____

Country of Birth: _____

Country of Citizenship: _____

Passport/Ghana Card number: _____

Do you have any unspent criminal convictions in your country? Yes No

Telephone: _____ Email: _____

Home Address: _____

Is your mailing address the same as your home address? Yes No

Yes If your answer is 'no', please provide your mailing address below.

Postal Address: _____

Fees Information

How do you plan to finance this program? Self Sponsored Scholarship/Sponsorship

Scholarship / Sponsor name: _____

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Learning Support Needs

Do you have a disability, medical condition or learning difficulty? Yes No

If your answer is 'yes', please give brief details; our Services Support Office will contact you. Note that we will require documentary evidence of the above in order to provide appropriate support during your studies.

Education *(Please list the most recent first)*

Name of University or School	Type of Certificate <i>Eg. BSc. Economics</i>	From (mm-yy)	To (mm-yy)

Professional Body Membership

Name of Professional Body	From (mm-yy)	To (mm-yy)

Research Experience *(i.e. master or degree dissertation or any other publication, if any.)*

Title	Institution	Description <i>provide a brief overview of the research project or position</i>	From (mm-yy)	To (mm-yy)

Doctor of Philosophy (Ph.D.) in Business Administration APPLICATION FORM



Employment *(please provide details about your current employer)*

Name of Company: _____

Address: _____

Department: _____ Job Title: _____

Date appointed: _____

Industry Information *(Please select the industry that best represents your current professional experience)*

Technology/Software Healthcare/Pharmaceuticals Finance/Banking Automotive
Manufacturing/Engineering Retail/E-commerce Energy/Utilities Education/Academia
Media/Entertainment Hospitality/Tourism Telecommunications Non-profit/NGO
Agriculture/Food Production Construction/Real Estate Transportation/Logistics
Consulting/Professional Services Government/Public Sector Legal Services
Aerospace/Defense Environmental Services Other

If your industry is not listed above, please describe it here.

Admissions Readiness Assessment *(Please answer all questions under this section)*

1. Do you have a clear and well-defined research interest or topic for your doctoral studies? Yes No
2. Can you commit to dedicating a significant amount of time to your doctoral research and coursework? Yes No
3. Are you prepared to actively engage with faculty members and participate in scholarly activities throughout your doctoral studies? Yes No
4. Do you understand the time commitment and potential challenges associated with completing a doctoral dissertation or thesis? Yes No

Motivational Letter*(continuation)*

(Explain your motivation and your capacity to participate in this Program in not more than 200 words)

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Referees (please provide two references, who might be contacted if need be)

Name of referee 1: _____
 Organisation: _____
 Relationship to you: _____
 Name of referee 2: _____
 Organisation: _____
 Relationship to you: _____

Declaration

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements on this application may result in denial of admission, disciplinary action, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the rules and regulations of the University. Should any information I have given change prior to my entry to the University, I shall immediately notify the Admissions Office.

Signature of Applicant

Date(dd-mm-yyyy)

Marketing Information

How did you learn about the program?

NiBS Staff Member Website Exhibition / Information Seminar
 Newspaper / Magazine Advertisement E-commerce Facebook Twitter
 LinkedIn GooglePlus Radio VIX Referral Other

If Referral kindly provide the following details

Name of Referrer: _____ Program and Cohort: _____
 Email Address of Referrer: _____ Tel. number of Referrer: _____
 Referrer Signature: _____ Date: _____

For Office Use Only Approval Yes No

Comments