



Liberia Institute of Public Administration (LIPA)

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

**Application Form
For Professional Certificate and Diploma
Courses**

Liberia Institute of Public Administration (LIPA)



Application Form for Admission to LIPA Professional Certificate and Diploma Courses

**(PLEASE COMPLETE FORM IN BLOCK CAPITAL AND ATTACH ALL RELEVANT
CERTIFIED COPIES OF CERTIFICATES)**

PROGRAM APPLIED FOR: _____

1. Surname Name: _____

2. First Name: _____

3. Middle Name: _____

(The names entered on this form must be the same in
spelling and order as those used in all certificates; any names
change must be submitted with relevant documents)

**Affix Picture
Here**

4. (a) Date of Birth _____ (c) Gender: _____
(MM/DD/YY)

(b) Nationality: _____ (d) County: _____

6. Marital Status: Single () Married () Divorced ()

7. Religion: Christianity (); Islam (); Traditional (); Other _____

8. (a) Name of Next of Kin: _____

(b) Relationship to Candidate: _____

(c) Address/Telephone Contact of Next of Kin: _____

9. Educational Background: (List Certificates, Diplomas, Degrees etc. Possessed, with Dates)

Date		Institution	Qualification
From	To		

(THIS INFORMATION WOULD BE TREATED AS CONFIDENTIAL)

10. Address to which all communications in connection with this application should be sent: _____

Email Address: _____ Cell: _____

11. Permanent Home Address: _____

12. Are you currently working? Yes () No () if yes,

a. Total Working Experience: _____

b. Present Occupation: _____

c. Name of your Organization: _____

13. Who is responsible for your fees? Organization () Self ()

14. Have you attended any of LIPA regular training programs?

Yes () No () 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 @www.lipaliberia.com 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
Palm Wine Station, Doemah Town
Lower Margibi County, Liberia
Cell: **Cell: 0775-899-217/0777-031-446**
EMAIL: training@lipaliberia.com*

or

*LIPA Information Desk at the CSA Ministerial Complex
Congo Town, Monrovia, Liberia*

Designated Accounts Information:

- LBDI—002USD21515719103/002LRD21915719103 -
Title: **Liberia Institute of Public Administration**
- SIB—0011USD201493001—**Liberia Institute of Public Administration**
- Mobile Money: **0555683448**
- Orange Money: **0779846469**

Signed: _____ Date: _____
Applicant

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, 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: _____

This form must be returned with two (2) passport size photos, Two (2) letters of Recommendation, and copies of degree and transcript in an A-4 Manila folder within Five (5) working days, Please bring along the original degree and transcript.