

**Georgian Institute of Public Affairs**

**Master's Degree Programs**

# Application for Admission

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| **1. Personal information**  |  |  |  |
| **Family Name**  |  jjlıjı |  |  | **Please, place your photograph here**  |
| **First Name**  |   |  |  |
| **Date of Birth**  | Click here to enter a date.  |  |  |
| **ID document**  |   |  |  |
| **ID Number**  |   |  |  |
| **ID issued By**  |   |  |  |
| **Date Issued**  | Click here to enter a date.  | **Valid until**  | Click here to enter a date.  |

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| **2. Contact information**  |  |  |
| **Address**  |   |  |  |
| **City**  |   | **Country**  |   | **Postal Code**  |   |
| **Phone**  | + (\_\_\_\_\_)  |  |   **Mobile**  + (\_\_\_\_\_)  |
| **E-mail**  |   |  |  |



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| **4. Education**  |  |  |
| **List higher education degree(s) *(in reverse chronological order)***  |  |  |
| Institution  |   |  |  |
| Country  |   |  |  |
| Field of study  |   |  |  |
| Degree  |   |  |  |
| Enrollment Date  | Click here to enter a date.  |  | Graduation Date  | Click here to enter a date.  |
|   |  |  |
| Institution  |   |  |  |
| Country  |   |  |  |
| Field of study  |   |  |  |
| Degree  |   |  |  |
| Enrollment Date  | Click here to enter a date.  |  | Graduation Date  | Click here to enter a date.  |
|   |  |  |
| Institution  |   |  |  |
| Country  |   |  |  |
| Field of study  |   |  |  |
| Degree  |   |  |  |
| Enrollment Date  | Click here to enter a date.  |  | Graduation Date  | Click here to enter a date.  |
|   |  |  |
| Institution  |   |  |  |
| Country  |   |  |  |
| Field of study  |   |  |  |
| Degree  |   |  |  |
| Enrollment Date  | Click here to enter a date.  |  | Graduation Date  | Click here to enter a date.  |

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| **5. Language Proficiency**  |  |  |  |
| **Your native language(s) :**  |  |  |  |
|   | **Flue** | **nt**  | **Go** | **od**  | **Basic**  |
| English  |  |  |   |  |  |   |  |  |   |
| Russian  |  |  |   |  |  |   |  |  |   |
| German  |  |  |   |  |  |   |  |  |   |
| French  |  |  |   |  |  |   |  |  |   |
| Other languages (specify)  |  |  |   |  |  |   |  |  |   |

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| **6. Work Experience**  |  |  |
| **Please list your last employments *(in reverse chronological order)***  |  |  |
| Company/Organization  |   |  |  |
| Position  |   |  |  |
| Address  |   |  |  |
| Supervisor  |   | Contacts  |   |  |
| Major duties  |   |  |  |
| Starting date  | Click here to enter a date.  |  | End date |   | Click here to enter a date.  |
|   |  |  |
| Company/Organization  |   |  |  |
| Position  |   |  |  |
| Country  |   |  |  |
| Supervisor  |   | Contacts  |   |  |
| Major duties  |   |  |  |
| Starting date  | Click here to enter a date.  |  | End date  | Click here to enter a date.  |
|   |  |  |
| Company/Organization  |   |  |  |
| Position  |   |  |  |
| Country  |   |  |  |
| Supervisor  |   | Contacts  |   |  |
| Major duties  |   |  |  |
| Starting date  | Click here to enter a date.  |  | End date |   | Click here to enter a date.  |
|   |  |  |
| Company/Organization  |   |  |  |
| Position  |   |  |  |
| Country  |   |  |  |
| Supervisor  |   | Contacts  |   |  |
| Major duties  |   |  |  |
| Starting date  | Click here to enter a date.  |  | End date |   | Click here to enter a date.  |

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| **7. References**  |  |
| **Please, provide two reference letter, Referees**  |  |
| Full Name  |   | Occupation  |   |
| Phone  |   | Institution  |   |
| Mobile  |   | E-mail  |   |
|   |  |
| Full Name  |   | Occupation  |   |
| Phone  |   | Institution  |   |
| Mobile  |   | E-mail  |   |

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| **8. Research and Publication**  |
| **Please, provide details of your four most important publications**  |
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| **9. Training and Events Attended**  |
| **Please, list training and/or seminar(s) you have attended *(in reverse chronological order)***  |
| Title  |   |
| Organized By  |   | Venue  |   |
| From  | Click here to enter a date.  | Until  | Click here to enter a date.  |
|   |
| Title  |   |
| Organized By  |   | Venue  |   |
| From  | Click here to enter a date.  | Until  | Click here to enter a date.  |
|   |
| Title  |   |
| Organized By  |   | Venue  |   |
| From  | Click here to enter a date.  | Until  | Click here to enter a date.  |
|   |
| Title  |   |
| Organized By  |   | Venue  |   |
| From  | Click here to enter a date.  | Until  | Click here to enter a date.  |
|   |
| Title  |   |
| Organized By  |   | Venue  |   |
| From  | Click here to enter a date.  | Until  | Click here to enter a date.  |

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| **10. Honors and Scholarships**  |
| **Please, list your major honors and/or scholarships *(in reverse chronological order)***  |
| Title  |   |
| Awarded By  |   |
| Award Date  | Click here to enter a date.  |
|   |
| Title  |   |
| Awarded By  |   |
| Award Date  | Click here to enter a date.  |
|   |
| Title  |   |
| Awarded By  |   |
| Award Date  | Click here to enter a date.  |
|   |
| Title  |   |
| Awarded By  |   |
| Award Date  | Click here to enter a date.  |

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| **11. Professional Membership**  |
| **Please, list your professional membership(s)**  |
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| **12. Financial Aid/Scholarship**  |  |  |
|  | **YES** |  | **NO**  |
| **Would you like to apply for financial aid/scholarship?**  |  |  |  |  |  |  |
| **If you are refused the financial aid, would you still enroll at GIPA?**  |  |  |  |  |  |  |

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| **13. Statement of Purpose**  |
|  Please, provide on a separate sheet of paper 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.  |

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| **14. Previous Applications (Have you ever applied to GIPA b** | **efore?)**  |
|  | **YES**  | **NO**  |
|  |  |  |  |  |  |  |
| **If yes, please describe**  |  |  |

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| **15. Questionnaire (Where did you find out about GIPA Master’s Program)**  |
| **Internet (specify)**  |  |  |   |
| **Booklet**  |  |  |  |
| **GIPA Alumni / Student**  |  |  |  |
| **GIPA Professors / Administration**  |  |  |  |
| **Friends**  |  |  |  |
| **Radio / TV (specify)**  |  |  |   |
| **Other (specify)**  |  |  |   |

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| **16. Declaration and Signature**  |
|  I certify that the information on this form is correct. I understand and agree that all documents provided will remain the property of GIPA. I authorize the GIPA Admissions Office to verify this information.   |
| Signature  |   | Date  | Click here to enter a date.   |
| **17. Checklist**  |
| **Please check that you have enclosed the following items**  |
| Copies of Degrees  |  |  |   | Statement of Purpose  |  |  |   |
| Transcripts  |  |  |   | Copy of ID Card or Passport  |  |  |   |
| Recommendation letters (2)  |   |  |   |
| **The Admission Committee shall not review any other documents attached to the application.**  |

# **Confidentiality**

The U.S. Embassy Baku 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 Baku address: 111 Azadlig avenue, AZ1007 Baku, Azerbaijan; e-mail: HuseynguliyevMM@state.gov**

**GIPA, Tbilisi, address: 2, Marie Brosse St, 0108 Tbilisi, Georgia; e-mail: admission@gipa.ge**