



THE UNIVERSITY OF PAPUA NEW GUINEA
APPLICATION FOR ENROLMENT INTO UNDERGRADUATE
PROGRAMMMES/COURSES

APPLICATION IS FOR TERMS 1, 2 & 3, 200_ , WILL CLOSE ON _____

BEFORE COMPLETING THIS FORM, PLEASE READ CAREFULLY *THE GENERAL INFORMATION ON COURSES AND PROGRAMMES DOCUMENT* AND NOTE ESPECIALLY *THE ENTRY REQUIREMENTS FOR THE PROGRAMME* YOU WISH TO UNDERTAKE AND *THE CONDITIONS OF APPLICATION*.

CONDITIONS OF APPLICATION:-

1. THIS FORM SHOULD BE COMPLETED ONLY BY CANDIDATES SEEKING ADMISSION INTO THE UNIVERSITY FOR THE FIRST TIME.
2. COMPLETE ALL THE RELEVANT SECTIONS OF THE FORM.
3. CERTIFIED PHOTOCOPIES OF ALL TRANSCRIPTS OF RESULTS AND CERTIFICATES OF EDUCATIONAL QUALIFICATIONS MUST ACCOMPANY THE APPLICATION. DO **NOT** SEND THE ORIGINAL DOCUMENTS.
4. A PASSPORT SIZE PHOTOGRAPH MUST BE AFFIXED ON THE TOP RIGHT HAND CORNER OF PAGE ONE OF THE APPLICATION FORM.
5. AN APPLICATION LODGEMENT FEE OF K10.00 MUST BE PAID INTO ANY BSP (FORMER PNGBC) BRANCHES AND THE ACCOUNT NUMBER HELD AT THE WAIGANI BRANCH IS: 202 6 1163. THE LODGEMENT FEE RECEIPT MUST BE ATTACHED TO THE APPLICATION FORM.
6. IMPROPERLY COMPLETED APPLICATIONS WILL BE REJECTED.
7. THE ADMISSION TO COURSES STATUTE DOES **NOT** ALLOW FOR APPEALS AGAINST REJECTION OF APPLICATION.

AFTER THIS FORM IS COMPLETED IT SHOULD BE RETURNED TO:

THE SENIOR ASSISTANT REGISTRAR (ENROLMENT)
UNIVERSITY OF PAPUA NEW GUINEA
P.O.BOX 320
UNIVERSITY
NATIONAL CAPITAL DISTRICT 134
PAPUA NEW GUINEA

TELEPHONE CONTACT: 3267645 OR 3267604
FACSIMILE: 3267187

APPLICATIONS FOR ADMISSION IN TERM 1, 2 & 3, 200__ WILL CLOSE ON _____

SECTION 1: PERSONAL DETAILS

NAME: (Please print clearly)

Surname: _____

First Name: _____

Middle Name: _____

GENDER: (Please () tick where appropriate)

Male: () *Female:* ()

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

MARITAL STATUS: _____

DISTRICT: _____ **PROVINCE:** _____

NATIONALITY: _____

SECTION 2: NON – CITIZEN APPLICANTS:

(This section is to be completed by non – citizens only)

Country of Birth: _____

Date of Arrival in Papua New Guinea: _____

Are you a “bona fide” dependant of an employee working in Papua New Guinea? :
(Please () tick where appropriate.)

Yes () *No* ()

Name of employee: _____

Occupation of employee: _____

Name of employer: _____

Employer’s Address: _____

SECTION 3: POSTAL ADDRESS:

It is of utmost importance that the University is able to contact you between now and the beginning of the semester regarding your application. Please provide appropriate addresses and associated dates in order for UPNG mail to reach you.

Postal Address (es):

FROM	TO	ADDRESS

Do you intend to study full – time? Yes () No ()

SECTION 4: EDUCATIONAL HISTORY

(a) SECONDARY EDUCATION: (GRADE 12)

Name of School or Institution: _____

Postal Address: _____

Year Attended: _____ *to* _____

(b) PROVINCIAL HIGH SCHOOL: (GRADE 10)

Name of School: _____

Postal Address: _____

Year Attended: _____ *to* _____

NOTE: Copies of both the Secondary and High School certificates must be attached.

If you are sitting the Grade 12 examination at the end of the year, a copy of the certificate or a letter from the school indicating the results should be forwarded to the Enrolment Office as soon as the results are released.

(c) UPNG MATRICULATION OR CERTIFICATE IN TERTIARY AND COMMUNITY STUDIES:

If you have completed the UPNG Matriculation program or the Certificate in Tertiary and Community Studies, you must attach a certified copy of your Academic Transcript showing your grades. You must also give your student number.

Student Number: _____

Past and current enrolment details with grades, where available.

COURSE	YEAR	SEMESTER	GRADE

(d) TERTIARY EDUCATION:

Have you ever enrolled at another Institution or University?

(Please () tick where appropriate)

Yes () No ()

If 'Yes', provide following information: -

Name of Institution: _____

Faculty/Department: _____

Period of Enrolment - From: _____ To: _____

Programme of Study: _____

Did you graduate? (Please () tick where appropriate)

Yes () No ()

If "yes" you must attach a certified copy of your Academic Transcript.

If 'No', Why?

SECTION 5: EMPLOYMENT HISTORY

List all the major jobs which you have had since leaving school and provide the following information. (If you have no job experience, do not complete this section).

PERIOD		OCCUPATION	EMPLOYER

SECTION 6: EMPLOYER REFERENCE:

(To be completed by your present employer or, if you are now unemployed, by your last employer.)

Is the applicant of good character? (Please () tick where appropriate.)
 Yes () No ()

Give a brief report of his/her performance as an employee:-

Do you think he/she is capable of further studies? (Please () tick where appropriate.)

Yes () No ()

Are you willing to release him/her for studies? (Please tick () where appropriate.)

Yes () No ()

Signature: _____ Telephone: _____

Name: _____

Postal Address: _____

SECTION 7: PROGRAMME PREFERENCES

In which programme do you want to be enrolled? Indicate your order of preferences by numbering (1,2 & 3) as well as indicating with a () tick the mode of study, internal or external where appropriate. (If you are not accepted for your first preference, you may be considered for your second or third preferences depending on the availability of space.)

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

Degree

[] *Bachelor of Arts () internal () external*

[] *Bachelor of Arts (Art & Design)*

[] *Bachelor of Arts (Performing Arts – Music)*

[] *Bachelor of Arts (Performing Arts – Theatre Arts)*

SCHOOL OF LAW

Diploma

[] *Diploma in Law (Prosecution)*

Degree

[] *Bachelor of Law () Internal () External*

SCHOOL OF BUSINESS ADMINISTRATION

Diplomas

[] *Diploma in Business (Accounting) () Internal () External*

[] *Diploma in Business (Industrial Relations)*

Degrees

[] *Bachelor of Business (Accounting) () Internal () External*

[] *Bachelor of Business (Economics)*

[] *Bachelor of Business Management*

[] *Bachelor of Management (Psychology)*

[] *Bachelor of Management (Public Policy Management)*

[] *Bachelor of Management (Professional Studies) () Internal () External*

SCHOOL OF MEDICINE & HEALTH SCIENCES

Diplomas

- [] *Diploma in Community Health*
- [] *Diploma in Medical Laboratory Technology*
- [] *Diploma in Medical Imaging Technology*
- [] *Diploma in Pharmacy Technology*
- [] *Diploma in Dental Therapy*
- [] *Diploma in Anaesthetic Science*

Degrees

- [] *Bachelor of Medical Sciences*
(Please note that only current Medical Students are eligible to apply for this programme.)
- [] *Bachelor of Medicine, Bachelor of Surgery*
- [] *Bachelor of Pharmacy*
- [] *Bachelor of Nursing (General)*
- [] *Bachelor of Clinical Nursing (If you choose this programme, you must also select by () ticking the Strand you would like to specialize in.)*
 - () *Acute Care*
 - () *Mental Health*
 - () *Midwifery*
 - () *Paediatrics*

SCHOOL OF NATURAL & PHYSICAL SCIENCES

Degree

- [] *Bachelor of Science () Internal () External*

(Please note that only the first year of this programme is available by Distance or External and in the National Capital District only.)

NON – DEGREE ENROLMENT / OTHERS

[] Non-Degree Enrolment

If you want to enrol in individual courses only (i.e. not for a qualification), indicate which course (s) but please note that credits will not be awarded if you have not matriculated:

Course No	Course Title

SECTION 8: OPEN CAMPUS PREFERENCES

If you are intending to enrol in the External Mode for any of the Programmes available by Distance, please indicate your preference by () ticking the Open Campus or University Centre nearest to you.

- () BUKA
- () KOKOPO
- () MADANG
- () MOUNT HAGEN
- () NATIONAL CAPITAL DISTRICT
- () Name of University Centre: _____

SECTION 9: DECLARATION

I certify that I have read and understood all sections on this form. The information I have given are true and complete in every detail. I am also aware that my enrolment in the programme may be revoked in the event that any information furnished by me in this application is found to be false or fail to settle the required fees as entrenched in the fees Statute.

Signature of Applicant: _____ *Date:* _____

Full Name of Witness: _____ *Signature:* _____

Title: _____

Date: _____

TELEPHONE: _____

Postal Address: _____

Information on the Witness must be provided in full. Failure to avail required information will invalidate your application.

SECTION 10: SPONSORSHIP

The University does not offer scholarships so it is your responsibility to seek and secure a sponsor. If you fail to secure a sponsor, then you will have to pay all the required fees yourself before or at the time of registration.

If you want Natschol Sponsorship, you should contact: -

**The Senior Scholarships Officer
Office of Higher Education
P O Box 5117
BOROKO
National Capital District 111**

FOR ADMISSION OFFICE USE ONLY

Application acknowledged: Yes () No () *Date:* _____

Application: Approved/incomplete/rejected

Applicant notified: Yes () No ()

Admission Code: _____