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The Premier University of South Pacific
THE UNIVERSITY OF PAPUA NEW GUINEA



Instructions

- Please read through this form carefully and print your details clearly.
- Your application should be supported by documentary evidence of your academic record, diploma or degree certificates, study proposal, and other support letters.
- Affix your passport sized photo at the far right corner of the form
- Pay a K20 Application Form fee to UPNG GENERAL ACCOUNT No: **1000583572**, and attach the receipt to this form when applying.
- The University does not offer scholarships to candidates. Candidates are advised to secure their own scholarships themselves before applying.
- Applications will close on the **30th November 2021**

**This form should be completed and returned to the: Senior Assistant Registrar Enrolment,
Academic and Student Administration Division, P.O. Box 320, University, NCD,
Phone 3267604/537 or Fax 3267187**

1. PERSONAL DETAILS

Surname: _____ *Given Name(s)* _____

Date of Birth: _____ *Sex:* _____ *NID#:* _____

Marital Status: _____ *Place of Birth:* _____

Province: _____ *Nationality:* _____

Postal Address: _____

Email Address _____

Phone/Mobile No: _____

2. STATUS OF EMPLOYMENT

Employed: Yes () No ()

State Present Occupation (If Yes): _____

Name of Employer: _____

Address: _____

3. EDUCATIONAL QUALIFICATIONS

If you have completed your Degree Program at UPNG, provide the following information.

School _____ *ID* _____

Degree/Diploma Awarded: _____
(eg: Bachelor of Arts)

Date of Award: _____

If you have completed your Degree/Diploma at another tertiary institution, provide details:

Name of Tertiary Institution: _____

Country: _____ *Province:* _____

Degree/Diploma Awarded: _____
(eg: Bachelor of Arts)

Date of Award: _____

If you have married since attending the above institution, please state maiden name:

Important: Attach genuine, certified copies of the Certificates and Academic Transcript.

4. PROPOSED COURSE PROGRAMME OF STUDY

State Your Proposed Field of Study: _____

Academic Strand: _____

School: _____

Please attach a full description of your proposed program. Discuss it with your prospective supervisors before finalising the course you wish to pursue. Your proposal and amendments must be approved and signed by at least one of your supervisors.

Describe the Research Training and Experience that you received, which is relevant to the field you propose to work, including the dates (Use a separate sheet, if necessary):

Give the name(s) of member(s) of this University or the name(s) of other people (If any) who have been consulted (who could be consulted) about this application.

Give the name and address of one (1) person who could be approached for comments on your Academic Performance and Qualifications to undertake a Higher Degree Course:

Status of Studentship: _____
(Full-Time/Part-Time)

Have you Applied for a Scholarship?: Yes () No ()

State name of Agency/Organisation (If Yes): _____

If No, Will you be able to pay the required Fees?: Yes () No ()

NB: If you are unable to secure a scholarship, you will be required to pay your own fees.

