



THE UNIVERSITY OF PAPUA NEW GUINEA

Application for Admission to Post Graduate Diploma, Masters /PhD Studies - 2022

Instructions

- *Read carefully and fill the form clearly in black or blue ink using CAPITAL letters.*
- *Your application should be supported by documentary evidence of your Academic Transcripts of Under graduate qualifications, copies of Diploma or Degree certificate(s), Study Proposal and any other supporting documents and letters.*
- *Documents must be certified as true copies of the originals.*
- *A K50.00 Application Fee, in the form of receipt must be submitted with this application.*
- *This can be paid into UPNG's General Account No. 1000583572 BSP, Waigani Branch.*
- *Incorrect filling of the form will result in automatic disqualification of the application by the Enrolment Officer.*
- *Please attach a full description of the program you proposed to do or enroll in at this university. Discuss the program in detail with your (prospective) supervisors before finalizing the program of study you will undertake. Your proposal and later substantial amendments if any, must be approved and signed by at least one of the supervisors.*
- *If you are not sure your qualifications are suitable, contact the Admissions Office before you apply or go to the UPNG website www.upng.ac.pg and check the entry requirements.*
- **Applications will close on the 30th November 2021**

Scholarship Information

The University does not offer scholarship to candidates. Applicants are advised to secure scholarships themselves before applying. Fee requirements can be obtained through the UPNG Bursary on 3267320

Return address

Please return your completed form, with required documents and a K50 Application Fee receipt to:

*The Senior Assistant Registrar, (Enrolments)
Academic and Student Administration Division
University of Papua New Guinea
PO Box 320
UNIVERSITY
National Capital District*

Telephone: 3267537 or 3267 604
Fax: 3267 187

University of Papua New Guinea

1: PERSONAL DETAILS

Surname:

Given Name:

Gender: Male Female

Date of Birth: Place of Birth:

Province Nationality:

Nature of Employment (if applicable)

Address for Correspondence:

Mobile Phone: E-mail:

2: IN WHICH SCHOOL/STRAND OF THE UNIVERSITY DO YOU INTEND TO ENROL IN? Eg: SMHS – HEALTH SCIENCES

3: PROPOSED FIELD OF STUDY TO BE UNDERTAKEN: State the exact and currently offered program you wish to undertake in the respective box. Eg: *Post Graduate Diploma in Anaesthesiology*. Check the UPNG Website: www.upng.ac.pg under Post Graduate Admission Requirements Section for programs and criteria.

➤ **POST GRADUATE DIPLOMA:**

➤ **MASTERS:**

➤ **DOCTOR OF PHILOSOPHY: (PhD)**

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4: STATUS OF ENROLMENT: Please indicate the mode of attendance by which you wish to study

Fulltime Part-time

5: SCHOLARSHIP AWARDING AUTHORITY:

(If Staff of UPNG state position):

6: HAVE YOU EVER BEEN ENROLLED AT UPNG?

If yes, please provide the following:

Award(s) or qualification(s)

Year of awards

7: NAMES AND ADDRESSES OF MEMBERS OF THIS UNIVERSITY AND NAMES OF OTHER PEOPLE IN PAPUA NEW GUINEA (if any) WHO HAVE BEEN CONSULTED AND WHO COULD BE CONSIDERED ABOUT THIS APPLICATION:

8: GIVE THE NAME AND ADDRESS OF ONE PERSON WHO COULD BE APPROACHED FOR A COMMENT ON YOUR PREVIOUS ACADEMIC PERFORMANCE AND QUALIFICATIONS TO UNDERTAKE A HIGHER DEGREE PROGRAM:

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9: DETAILS OF ACADEMIC QUALIFICATIONS CAREER AT TERTIARY LEVEL:

DATE OF GRADUATION	INSTITUTION	COURSE/PROGRAM	DEGREE/DIPLOMA AWARDED

Please provide certified copies of your Degree/Diploma certificates and academic transcripts.

If you have changed your name since attending the above institution(s), please state your legal current name and provide evidence of change of name. The name you will enter here must be the same as the one entered in the personal detail section.

10: DESCRIBE WITH DATES, THE RESEARCH TRAINING AND EXPERIENCE YOU HAVE HAD IN FIELDS RELEVANT TO THE ONE IN WHICH-YOU PROPOSE TO WORK: Among the things you may wish to include are: • why you are applying for this course • how your previous education and experience relates to this course of study • how this course fits into your long-term academic or career plans. Please use this section to include this information, and continue or write on a separate sheet if necessary.

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11: APPLICANT DECLARATION

I hereby certify that I have read and understood the questions on this form. The answers are true and complete in every detail.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

12. SCHOOL STANDING COMMITTEE'S RECOMMENDATION TO THE HIGHER DEGREES (PG) COMMITTEE

13. CHAIRMAN OF SCHOOL'S POSTGRADUATE COMMITTEE

(Please sign and write your name)

APPLICATION APPROVED: YES NO

SIGNATURE: _____ DATE: _____

NAME: _____

FOR SCHOOL OF MEDICINE & HEALTH SCIENCES

14. THE APPLICANTS REGISTRATION WITH THE PAPUA NEW GUINEA MEDICAL BOARD AS A MEDICAL PRACTITIONER IN PAPUA NEW GUINEA

IS THE APPLICANT REGISTERED? YES NO

APPLICATION APPROVED: YES NO

EXECUTIVE OFFICER (SCHOOL OF MEDICINE & HEALTH SCIENCES)

(Please sign and write your name)

SIGNATURE: _____ DATE: _____

NAME: _____