

THE UNIVERSITY OF PAPUA NEW GUINEA SCHOOL OF BUSINESS AND PUBLIC POLICY POSTGRADUATE STUDIES RE-ENROLMENT FORM 2026

School of Business and Public Policy

The University of Papua New Guinea P. O. Box 320, University. 134.

NCD. Papua New Guinea

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☐: www.upng.ac.pg

Separato Applicati □ Execu □ MBA □ Maste □ Gradu □ Maste	Affix Your very recent (less than three months) ID Size photo here												
1. Personal Details (Please enter all relevant details)													
Name (As it appears on all other officia First Name Mi				records)		Surname		ID Number of the PGS program you attended at UPNG (please attached latest transcript)					
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Gender:	Male		Female		Date of	Birth	DD:	MM	M: YYYY:				
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Email:							Mobile: Tel:						
(A) Are you a PNG Citizen? Yes No				If "No", go to Section 'B' for Permanent Residence									
Province of Origin (Please print)													
(B) Are you a Permanent Resident Yes No				No	If "Yes" attach proof, If "No", go to Section 'C' Non- Citizen								
PR Visa Number:						Passport Number:							
(C) Non-Citizen			Yes	No	Country Issued Passport								
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2. Previo	us His	tory											
Provide the de	tails of th	e course	s that you	ı have tal	ken								
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(Please attach photocopies of transcripts)	<u> </u>											
(2. Joune manual photocopies of manual pus)												
3. Payment Details												
Provide the payment details you have made previously with copies of the receipts:												
Date of payment Amount paid (K) Details of bank where (provide evidence)												
Date of payment	Alliount po	aiu (ix)	amount was paid (provide evidence)									
4. Declaration and Signatur	e											
I,, solemnly declare that all of the information submitted on this Application Form and in the attached documents are true and correct. I authorise the University to verify and confirm the facts and figures, provided in the Application Form and also in the attached documents, with any educational institution(s), where I have claimed to have studied, with any organisation(s) with whom I have claimed to have worked or am currently working, and / or with any relevant authority or organisation or individual. I agree that The University of Papua New Guinea has the right to cancel my application/ admission / enrolment at any stage, if the information provided is found to be false.												
Signature: Date:/												
7. Checklist: Have You Included	l or Completed	d the Fol	lowing	?								
Submission of Re-Enrolment Appli Application Form:	ication: The app	licant sho	uld subn	nit the following tog	gether with the	completed	d					
 Copy of Withdrawal Letter Copy of the academic transcript Receipt of Re-Enrolment Application Fee of K150 per program application paid into: "University of Papua New Guinea General A/c" no: 1000583572 of BSP Bank, Waigani 							No - -					
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Please send your application with all		ation to:										
The Executive Dean, School of Business at The University of Pa PO Box 320 University. 134 National Capital Dis	nd Public Policy apua New Guinea			Rejected:								