



Divine Word University

Faculty of Flexible Learning

P O Box 483, Madang, Papua New Guinea

Tel:(675) 424 1870; Fax (675) 422 1312 Email: jbengi@dwu.ac.pg or ekeriaka@dwu.ac.pg

Postgraduate Student Application Form

(Please fill in BLOCK LETTERS)

Full Name: _____
(Surname First) (Given Name)

Province: _____ Gender: Male Female

Date of Birth: _____
/ /
(Day) (Month) (Year) Married Never Married Separated Other

Correspondence Address: _____

Telephone: _____
Office Mobile Residence

Fax: _____

Email: _____

Can you use a Computer/Word Processor? Yes No

Academic Attainment (Most Recent First):

Issuing Authority	Academic Qualifications	Year

Note: Attach photocopies of the academic qualifications you have listed above, as well as your academic award transcripts

Employment record (Current teaching/working location first):

Institution/Firm	Address	Position	Period

Please briefly describe the duties of your current occupation:

Please indicate by ticking the preferred course. I am applying for:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master of Educational Leadership	Master of Education (Curriculum)	Master of Leadership in Business administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master in Public Administration	Master of Leadership in Development	Postgraduate Certificate in Higher Education Teaching and Learning

How will you be sponsored?

Employer

Private (Self-sponsored)

Signature

_____/_____/_____
Date

Documentation required: [to be attached to this application]

1. the receipt of your Non refundable Application Fee of K100 paid into the Account specified below
2. photocopies of degree and academic award transcripts
3. indicators of at least present employment, and if possible work related attainments
4. At least 2 personal and/or professional references.

Mail (do not Fax) the form to: *The Faculty of Flexible Learning Administrative Officer, Faculty of Flexible Learning, Divine Word University, P O Box 483, Madang, Papua New Guinea.*
Attention: Ms Julie Bengi

Notes: Information & Personal Data Collection Statement

The personal data provided on this form will be used by the University for purposes related to the processing of your enrolment.

Please sign below:

Candidate signature _____ Date: _____

Please ensure you have paid your Application Fee K100 and record a receipt number:
Alternatively, you can attach copy of the bank deposit receipt.

Account details:

Bank: **BSP Madang**
Branch No. **960**
Account No. **1000 433578**
Account name: **Tertiary Distance Education Centre**

Upon signing this Application Form, you agree to comply with DWU policies.