

## **Divine Word University**



## Flexible Learning Centre (FLC)

P O Box 483, Madang, Papua New Guinea Tel :( 675) 424 1870; Fax (675) 422 1312 Mobile 7379 4017; Email: flc@dwu.ac.pg

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Insert ID photo here

## **Postgraduate Student Application Form**

(Please print neatly and clearly)

A: Personal In	format	ion				
		(First Name)	(Middle Name)	(Surname)		
Nationality:			Indicate Gender			
Home province:			Indicate Marital Status			
Date of Birth: Dat		/ th) (Year)				
Postal Address:						
Telephone: Cell p	hone		Work			
Email address			Fax			
Can you use a co	mputer/	word processor?	(Yes) (No			
B: Academic	Attainn	nent (most recent	first)			
Academic Qualifi	cation		Educational Institution	Ye	ear	

Note: Attach copies of academic qualifications and transcripts

C: Employment history (Current working location first)						
Institution/Company	Location	Position	Time/Period			
Note: Attach 2 references of	recent employment					
What is your current work po	sition and responsibilities	3? Please describe in the sp	ace provided.			
D: Choice of program	to study					
	•					
Program						
Doctor of Philosophy (PhD)						
Doctor of Education (EdD) (I Master of Education in Lead						
Master of Leadership in Bus		3A) (Madang)				
Master of Public Administrati	ion (MPAdmin) (Madang)	, ,				
Master of Leadership in Dev Master of Business Administ						
Graduate Certificate in Data						
How will fees be paid? Employer sponsored? Self-sponsored?						
now will rees be paid: Em	pioyer sponsored:	Och sponsored:				
E. Notes: Information						
Mail ( <b>do not Fax</b> ) the form to Divine Word University, P O						
The personal data provided	on this form will be used b					
processing of your enrolment.						
Documentation required: [	to be attached to this ap	oplication]				
1. The receipt of your non-re	fundable Application Fee		Account. Ensure your			
FULL name is written clear.  2 Photocopies of degree an		and transcripts				
<ul><li>2. Photocopies of degree and other academic awards, and transcripts</li><li>3. Most updated CV</li></ul>						
4. At least 2 professional refe	erences					
Please ensure you have paid	d your Application Fee K1	00 and record a receipt nur	nber:			
	Alternatively, you can attach copy of the bank deposit receipt.					
Bank BSP M Branch No. 960	Madang					
Account No. 1000	433578					
Account name TDEC	:/DWU					
Upon signing this Application	Form, you agree to comp	ly with DWU policies. Please	sign below.			
Applicant's name						
• •						
Signature	Dat	i <b>e</b> ///				