

**Divine Word University**

P O Box 483, Madang, Papua New Guinea

Tel:(675) 422 2937; Fax (675) 422 2812 Email: flc@dwu.ac.pg

Postgraduate Student Application Form Master of Research Methodology

(Please fill in BLOCK letters)

**PART 1: Personal Details**

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Gender/Sex | Male Female |
| Date of Birth |  |
| Province of Birth |  |
| Province of Residence |  |
| Religion/Church |  |
| Mailing Address |  |
| Contact Details | Office: Mobile:Email:  |
| Next of Kin | Name: Relationship: Ph: Email:  |

**PART 2: ENGLISH LANGUAGE PROFICIENCY**

Applicants who have not undertaken recognized studies taught in English (e.g undergraduate degree) are required to demonstrate proficiency in English

Have you completed a qualification where the primary language of instruction was English? **Yes/ No**

**Yes? State the qualification and the institution**

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If no, have you undertaken an English language test? (if so, attach copy of result)

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**PART 3: Academic Attainments (Most recent first)**

|  |  |  |
| --- | --- | --- |
| **Institution** | **Qualification acheived** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Note:*** *Attach copies of academic attainments you have listed here, as well as transcripts*

**PART 4: Employment History (from current)**

|  |  |  |
| --- | --- | --- |
| **Institution Name and Address** | **Position** | **Period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Note****: This should correspond with details on your CV*

Briefly describe your roles and responsibilities in your current occupation:

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What do you aim to achieve with a qualification of Master of Research Methodology? Explain briefly.

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How will you be sponsored? Explain.

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**PART 5**: On a separate piece of paper, we require you to write 250-word essay on why you should be considered for the MRM program. This must be typed out and not hand-written.

**All information put here is true and correct.**

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_