

DWU MPA PROGRAM

APPLICATION FOR ADMISSION



ALL APPLICATIONS MUST BE LODGED BY THE CLOSING DATE. APPLICATIONS BY FAX OR EMAIL WILL NOT BE ACCEPTED.

ALL PARTS OF THIS APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL DELAY PROCESSING AND APPLICATIONS WILL NOT BE PROCESSED UNLESS A FEE OF PGK200 HAS BEEN PAID.

1. PERSONAL DETAILS

Title: Mr Mrs Ms Dr Other (specify) _____

Family Name/Surname: _____

First/Given Name(s): _____

Date of Birth: _____

Sex: Male Female

Province of Birth: _____

Province of Residence: _____

Religion: _____

2. CONTACT ADDRESS DURING SEMESTER (mailing addresses for all correspondence)

Postal Address: _____

3. OTHER CONTACT DETAILS

Telephone: Home: _____ Mobile: _____ Office: _____ Fax: _____

Email: Work: _____ Private: _____

Employer/Organization: _____

Position/Profession: _____

4. 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, state the qualification and the institution: _____

No, have you undertaken an English language test? Yes No (Attach copy of result)

5. ACADEMIC QUALIFICATIONS

Please provide information of your academic qualifications

	Name of institution and location	Program/Course undertaken and qualification gained	Year of Graduation
Secondary Education			
Post-secondary Education			
Higher Education			
Other			

6. WORK EXPERIENCE

Please provide a clear outline of your employment/work history, ensuring that you provide details such as number of staff reporting to you; budgetary authorities and reporting lines

Period of Employment (start with most recent)	Position	Name and nature of organization	Outline of key activities (in point form)
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			
From ___/___/___ To ___/___/___			

Total years of experience: _____ Total years of management experience: _____

7. SPONSORSHIP

Is the employer providing you with financial support? Yes No
 If yes, indicate the level of financial support: Full (100%) Part (State % of part)
 When will you receive payment for the fees? Upfront Upon successful completion

8. EMPLOYER ACKNOWLEDGEMENT OF APPLICATION

I confirm that this application is made with my knowledge and approval.

Name: _____ Position: _____
 Signature: _____ Organization: _____
 Date: _____ Stamp of organization: _____