DWU MBA 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 THE NON-REFUNDABLE FEE OF PGK200 HAS BEEN PAID.

Stream Applying for (plea	ase tick one):	
□ Post Graduate Certificate in Management	 Master of Business Administration (Management) 	Insert 2X Passport Sized
□ Post Graduate Certificate in Professional Accounting	Master of Business Administration (Accounting And Finance)	Photos Here
□ Post Graduate Certificate in Entrepreneurship	☐ Master of Business Administration (Entrepreneurship)	
1. PERSONAL DETAILS Title: Family Name/Surname: First/Given Name(s): Date of Birth:	Mr. □ Mrs. □ Ms. □ Dr. □ Other □ (speci	fy)
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 DETA	ILS			
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//			

Total years of experience: Total years of management experience:

7. SPONSORSHIP

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

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: