



Divine Word University

P O Box 483 Madang.
Tel: 422 2937/422 2597

Do not fax in this form! No emailed documents will be accepted.

Application Form for Degree Studies

PART 1: PERSONAL

Name: _____
(Surname) (First Name) (Other)

Male / Female Date of Birth: ____/____/____ Religion: _____
(circle) day month year

Home Village / Town: _____ District: _____ Province: _____

Marital Status: never married / married / single parent / divorced / widow No. of Children: _____

Current Postal Address: _____

Tel: _____ Fax: _____ E-mail: _____

DWU does not provide married student accommodation.

PART 2: EDUCATION, TRAINING AND EMPLOYMENT

Please provide *past-DWU transcripts*. All applicants must attach all academic transcripts - senior high school, university, etc.

Diploma holders from other **Institutions provide also the Program/Course content of your Diploma.**

The documents must be certified as true copies of the original by a Commissioner of Oaths, Justice of Peace, a practising Lawyer or a Magistrate at the Court House. **Any documentation not properly certified by one of the above means your application will not be processed.**

APPLICATIONS WITHOUT REFERENCES WILL NOT BE PROCESSED.

Applying for Degree studies in (*tick one*)

- | | |
|--|---|
| <input type="checkbox"/> Communication Art (Journalism) | <input type="checkbox"/> Arts (PNG Studies & International Relations) |
| <input type="checkbox"/> Accountancy <input type="checkbox"/> Management | <input type="checkbox"/> Arts (Social and Religious Studies) |
| <input type="checkbox"/> Tourism & Hospitality Management | <input type="checkbox"/> Health Management |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Environmental Health |

I completed my DWU Diploma in the Department of _____ in _____
(year)

OR I completed a university diploma in _____ at _____ in _____
(field of studies) (University) (Year)

2. Sponsorship

i. I have asked sponsorship from my employer, as authorised here:

() My department / company is willing to provide sponsorship of K30 000.00.

() My department / company is willing to provide subsided sponsorship of K_____

() My department / company will not be providing sponsorship.

ii. Other:_____please indicate.

Name:_____Signature:_____ / / _____
(date)

Company / Department_____ Position: _____

3. I now ask for DWU Shortfall Assistance of K20,000.00 in order to complete the cost of my education.

I agree to pay minimum fees of K,10 000.00

DWU Shortfall Assistance asked for (maximum K 10 000.00 per semester)

K20 000.00

Total fees

K30 000.00

(signature)

(date)

This fee is subject to change without notice.

Degree Applications must be returned by **31 August, 2020**. (It is possible to get an earlier reply.)

A non-refundable deposit of **K100.00** deposit slip must accompany degree Application Form. If there is no evidence of **K100.00** being paid **this will result in the application not assessed**. This deposit is to be paid into the DWU BSP A/c **No. 1000 433806** and the receipt should be attached to this application.

Return this form to: **The Registrar**
Divine Word University
P O Box 483
Madang.