



APPLICATION FORM FOR DEGREE STUDIES IN 2025

THIS FORM SHOULD ONLY BE COMPLETED BY APPLICANTS WHO HAVE COMPLETED A DIPLOMA PROGRAM FROM DIVINE WORD UNIVERSITY OR FROM OTHER RECOGNISED INSTITUTIONS. THIS FORM CAN BE EMAILED IN.

***The Degree Application needs to be accompanied by a K100.00 Administration Fee. All parts of the application must be completed**

PART 1: PERSONAL INFORMATION

First Name:	Surname:
Gender: DOB:	Home Province:
Village:	District:
Marital Status: Never Married Married Single Parent Divorced Widow	Number of Children:
Current Postal Address:	Now residing in:
	Nearest Airport:
Telephone/Mobile No:	Reliable Email Address:
	Ask for:

DWU does not provide married student accommodation.

PART 2: EDUCATION, TRAINING AND EMPLOYMENT

Please provide your *transcripts*. All applicants must attach all academic transcripts - senior high school, university, etc. **Diploma holders from other Institutions must also provide the Program/Course content of your Diploma.** These 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 and must be currently dated.

Any documentation not properly certified by one of the above will result in your application not processed.

<p>I am applying for the Degree Program in (<i>Tick Only One Program of your choice</i>)</p> <p>Bachelor of Communication Arts (Journalism)</p> <p>Bachelor of Arts (Papua New Guinea and International Studies)</p> <p>Bachelor of Arts (Social & Religious Studies)</p> <p>Bachelor of Arts (Social Work)</p> <p>Bachelor of Business (Accountancy)</p> <p>Bachelor of Business (Management)</p> <p>Bachelor of Information Systems</p> <p>Bachelor of Tourism & Hospitality Management</p> <p>Bachelor of Environmental Health</p> <p>Bachelor of Health Sciences (Rural Health)</p> <p>Bachelor of Health Management</p> <p>Bachelor of Physiotherapy</p>

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)

Work Experience (List most recent position first)

Date of Employment	Name of Employer	Address	Position/Responsibility

PART 3: REFERENCES

A) PRESENT EMPLOYER'S REFERENCE: You must attach a reference from your present employer concerning your work duties/performance, your acceptance of job related responsibilities, your demonstrated behaviour/character both on and off the job, and your employer's perception of your commitment to becoming a professional in your field.

B) COMMUNITY OR RELIGIOUS LEADER'S COMMENTS: On the applicant's involvement in the local church and witness to faith.

Name _____ Signature: _____ Parish/Area: _____

(signature)

(date)

PART 4: FEES

Who will be paying your fees? Tick the appropriate box.

Self Sponsor – Name your Sponsor _____

Refer to current 2024 DWU Fee Schedule via the DWU website for fee information and to prepare accordingly. Fees are subject to change.

Applicant's Signature: _____ Date: _____

Applications must be returned by **31 August, 2024 by Post and if email in by 11:59pm (GMT+10)** must be accompanied by an Administration Fee of K100.00 The application form will not be processed if these payment is not made. This Fee is to be paid into the BSP A/c No.1000 433806, Madang Branch and the receipt should be attached to this Application. All academic documents must be provided including transcripts at the time of applying.

Applications to made by:

Post to: **The Registrar, Divine Word University, PO Box 483, Madang, Madang Province**

Email: mcnsl@dwu.ac.pg