



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 (please tick one):

- | | |
|---|---|
| <input type="checkbox"/> Postgraduate Certificate in Management | <input type="checkbox"/> Master of Business Administration (Accounting & Finance) |
| <input type="checkbox"/> Postgraduate Diploma in Management | <input type="checkbox"/> Master of Business Administration (Entrepreneurship) |
| | <input type="checkbox"/> Master of Business Administration (Management) |

Insert 2X
Passport Sized
Photos
Here

1. PERSONAL DETAILS

Title: Mr. Mrs. Ms. Dr. Other (specify) _____

Family Name/Surname: _____

First/Given Name(s): _____

Date of Birth: _____

Gender: 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 an outline of your employment/work history, ensuring that you provide details such as number of staff reporting to you, budgetary authorities or 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 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: _____