



APPLICATION FORM FOR DEGREE STUDIES IN 2024

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 MUST NOT BE FAXED/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: Day__Month__Year____	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:
Fax No:	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> <ul style="list-style-type: none"> <input type="radio"/> Bachelor of Communication Arts (Journalism) <input type="radio"/> Bachelor of Arts (Papua New Guinea and International Studies) <input type="radio"/> Bachelor of Arts (Social & Religious Studies) <input type="radio"/> Bachelor of Arts (Social Work) <input type="radio"/> Bachelor of Business (Accountancy) <input type="radio"/> Bachelor of Business (Management) <input type="radio"/> Bachelor of Information Systems <input type="radio"/> Bachelor of Tourism & Hospitality Management <input type="radio"/> Bachelor of Environmental Health <input type="radio"/> Bachelor of Health Sciences (Rural Health) <input type="radio"/> Bachelor of Health Management <input type="radio"/> Bachelor of Physiotherapy
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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: _____
_____ (signature)

Parish/Area: _____
/ /
(date)

PART 4: FEES

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

- Self Sponsor – Name your Sponsor

Refer to current to 2023 DWU Fee Schedule via the DWU website for fee information and to prepare accordingly. Fees are subject to change.

Applicant's Signature: _____

Date: _____

Degree Applications must be returned by **31st August 2023**.

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, PO Box 483, Madang, Madang Province**