



APPLICATION FOR ADMISSION

PMB 7086 Boroko, NCD | Ph +675 71059837 (Digital) +675 84619710 (Voda) +675 78454860 (Telikom) | Email admission@pngu.ac.pg



Personal Information

Full Name	FIRST NAME		SURNAME	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Date of Birth			Place of Birth	
Citizenship			Religion	

Current/Valid Address

Residential Street	Postal Address
City/Town	District
Province	Province of Origin
Phone Number	Email Address

Emergency Contact

Full Name	Relationship	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Phone Number	Email Address	

Education

School/Institution Attended	Year Attended	Qualifications, Awards, Attainment

*To complete your application, please submit certified photocopies of the aforementioned documents as supporting evidence

Desired Bachelor's Degree Program (8-semesters/4-years)

Accounting and Finance <input type="checkbox"/> Bachelor of Science in Accountancy	Business Studies <input type="checkbox"/> Bachelor of Science in Business Administration
Applied ICT <input type="checkbox"/> Bachelor of Science in Information Technology <input type="checkbox"/> Bachelor of Science in Computer Engineering	Health and Midwifery <input type="checkbox"/> Bachelor of Science in Nursing
	Hospitality & Tourism <input type="checkbox"/> Bachelor of Science in Hospitality Management

*All programs are provisional until officially endorsed by DHERST.

Declaration and Signature

Are you currently employed? If Yes, specify the company's name and your job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to study in Blended/Online Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using social media? If Yes, please list all the social media platforms you know (e.g., Facebook, Gmail, Zoom, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a transferee from another institution? If Yes, what is the name of the institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have sponsor to pay for your tuition fee? If No, how do you plan to fund your tuition fees and educational expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of the National Capital District? If Yes, what is the suburb?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been disciplined in school? If Yes, specify the reason(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you discontinued from school for academic reasons? If Yes, specify the reason(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of criminal or civil offense(s)? If Yes, specify the nature of the offense(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for admission to any other educational institution? If Yes, specify the institution and the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and understood the questions on this form. I confirm that all provided information is true, accurate, and complete. I understand that any false or incomplete information will be considered a deliberate omission or falsification, leading to the cancellation of my admission/enrolment. If accepted, I agree to abide by the Rules and Regulations of Philippine Christian University and Waigani Christian College.

APPLICANT SIGNATURE OVER PRINTED NAME

DATE SIGNED

FOR OFFICE USE ONLY

Applicant Ref. No.	Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred
Grade Point Average (GPA)	
Subjects needing improvement	
SIGNATURE OVER PRINTED NAME EVALUATOR	SIGNATURE OVER PRINTED NAME REGISTRAR
DATE SIGNED	DATE SIGNED
Remarks:	