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Application for Re-admission to an **Undergraduate Degree in 2024**

	DATE RECEI	IVED	REVIEWE	ED BY	S	CHOOL		APPLICAT	ION STATI	JS TRA	NSFER CREDITS
OFFICE USE ONLY											
					'						
Admission Information Admission to Pacific Adventist University is available to any student who meets the academic and character requirements of the university and expresses willingness to cooperate with its policies. The university does not discriminate on the grounds of race, religion, gender, colour, creed, nationality or ethnic origin, age, disability or other legally protected characteristics. We require that you carefully read and complete all sections of this application form as required. INCORRECT, INCOMPLETE AND UNSIGNED APPLICATION FORMS WILL NOT BE PROCESSED! NOTE: We prefer all correspondences to be sent VIA EMAIL. Please provide a reliable email address.											
Section 1: Statemed Do you genuinely was If your answer is 'YE's answer is 'NO', PAU chosen for your life. Section 2: Personal	nt to grow in y S', PAU promis recommends	our relationses to pro	vide a sup	portive er	nvironme	nt to ass	sist yo	u in your s	spiritual (developr	nent. If your
FIRST NAME:					MIDDLE	NAME:					
SURNAME:					TITLE:	ON	1s	○ Mr	O Mrs		/liss
PAU STUDENT ID NUM	1BER										
DATE OF BIRTH	AGE GE	ENDER			MARITA	L STATU:	S				
	C) Male	Female		Single	Ma	arried	Widowe	ed O	ivorced	Separated
(day/month/year) RELIGION/DENOMINA	TION DA	ATE OF BAI	PTISM (SDA	A ONLY)	PLACE (SDA ON	OF MEMI	BERSH	IIP			PNG, INDICATE DISTRICT)
POSTAL/MAILING ADD	RESS (use a relia	able postal a	nddress if you	ı don't have	one)		RESI	DENTIAL A	DDRESS	(WHERE	YOU LIVE)
							City/	Town:			
							Subu	ırb:			
						Provi	nce/State	:			
							Cour	ntry:			
NEAREST AIRPORT											
TELEPHONE/FAX			MOBILE			EMAIL					

Section 3: Course Information

Mark the course you wish to be re-admitted to with an X.

COURSE	CHOICE	MAJORS	MINOR
Bachelor of Arts		English/Geography	No minor
Bachelor of Arts		English/History	No minor
Bachelor of Arts		Geography/History	No minor
Bachelor of Business (Accounting & Entrepreneurship)		Double majors	No minor
Bachelor of Business (Accounting & Information Systems)		Double majors	No minor
Bachelor of Business (Accounting & Management)		Double majors	No minor
Bachelor of Education (Secondary): Humanities		(write subject)	(write subject)
Bachelor of Education (Secondary): Science		(write subject)	(write subject)
Bachelor of Education (Secondary): Business		(write subject)	(write subject)
Bachelor of Ministry & Theology		No majors	No minor
Bachelor of Nursing		No majors	No minor
Bachelor of Midwifery (18 months program intended for applicants with a minimum of 3 years work experience)		No majors	No minor
Bachelor of Science		Biology/Chemistry	No minor
Bachelor of Science		Mathematics/Physics	No minor
Bachelor of Science		Biology/Environmental Science	No minor
Bachelor of Science		Environmental Science/Physics	No minor
Bachelor of Science		Chemistry/Environmental Science	No minor
Bachelor of Science		Environmental Science/Mathematics	No minor

Section 4: Educational Background

Provide copy of your previous transcript.

Ensure that all attached certified copies of transcripts and awards are signed by a Commissioner of Oaths, a senior civil servant or a school principal.

List other trainings that you may have done during your time out of PAU.

(Please specify the name of the institution and include transcripts).

QUALIFICATION	INSTITUTION	YEAR ENROLLED	YEAR COMPLETED	AWARD (CERTIFICATE)

When did you withdraw from studies?		
SEMESTER	YEAR	
SPECIFY REASON FOR WITHDRAWING		

Section 5: Statement of Purpose							
Indicate in a statement of up to 150 words why you wish to be re-admitted to the course that you withdrew from.							
Section 6: Acc	commodation I	nformation					
Note that accom	modation is giver	to full time students	s. Dormitory ac	commodati	on is for single studer	ts only.	
MIDWIFERY ST		E STUDENTS & BA	CHELOR OF		IODATION FOR MAR BACHELOR OF MID		
Day Studen	nt			No ad	ccommodation neede	d - Day Stude	ent
Accommod	lation in Ladies' R	esidence		One	bedroom house		
Accommod	lation in Men's Re	sidence		Two	bedroom house		
				Three bedroom house			
Married applicar	nts are to provide	the following inform	ation				
NAME OF SPOU		the renewing interm	411011.		QUALIFICATIONS		
	lied to study at PA	U this vear?	Yes	No	Q 07 (E) 107 (1701) 0		
List any skill she					1		
CHILDREN'S NA		<u> </u>	AGE		CURRENT SCHOOL	. GRADE	
Poby cittor roque	act. Fill this soction	n only if both spouse	oo ara in aabaa	l or if one o	pougo io working		
NAME:	est. Fill this section	Tronly ir both spouse		AGE	pouse is working.		
	paby sitter to you			AGE			
(or your spouse)							
Note: Married St	udent and spouse	e must arrive on can	npus together a	and remain t	for the duration of the	study.	
Section 7: Ch	aracter Informa	ation					
			es) that are prov	/idina chara	acter references to sup	pport vour ap	olication.
REFEREE 1	,	(.,	3		. 7	
NAME:					TITLE O	REFEREE	
ADDRESS							1
TELEPHONE:			FAX		EMAIL:		
REFEREE 2							
NAME					TITI F ∩	REFEREE	
ADDRESS							
TELEPHONE			FAX		EMAIL		

All references must be sent directly to the Admissions Officer with the applicant's name.

Section 8: Financial Information

1. SELF SPONSOR	2. CORPORATE/BUSINESS SPONSOR	3. EMPLOYER SPONSOR
	Name:	Name:
	Address:	Address:
	Email:	Email:
	Telephone/Fax:	Telephone/Fax:
	Mobile	Mobile

Section 9: Medical Information (for PNG applicants only)

Complete this section only if you are a Papua New Guinean applying to study full time. Non-PNG applicants will have a medical examination as part of their application for an entry visa, if they are accepted by PAU.

	na, heart illness, TB) that you have had for years that requires specialised medical age you to have that illness treated before planning to enrol at PAU. Yes No
If you answered 'YES', please provide more information.	

The statement below is to be completed, signed and stamped by a qualified medical doctor. Attach a copy of the medical certificate.

I hereby certify that I have examined the applicant and found him/her to be in good physical health with no communicable diseases including COVID-19.

aloodood iriolaaling						
Doctor's Name				Doctor's signature		
Name of Hospital				Date		
Address				Stamp		
Telephone		Fax		Email		

Section 10: Important Information

1. Closing date of application:

Application for admission into Semester 1, 2024 - **31st August 2023**Application for admission into Semester 2, 2024 - **31st May 2024**

2. Application processing fee is PGK30 (non-refundable) and must be paid into the university's nominated accounts provided below:

Account name: PACIFIC ADVENTIST UNIVERSITY

- WESTPAC BANK, Boroko Branch, Account No. 038-006-604745801. Swift No. WPAC PGPM
- BANK SOUTH PACIFIC (BSP), Boroko Branch, Account No. 1002258562

The receipt must be attached to the application form before submitting.

- 3. Upon acceptance, 80% of semester one (1) fees is required to be paid by the 17th February 2024. Upon acceptance, 80% of semester two (2) fees is rquired to be paid by 31st July 2024
- 4. Your application will be rejected if documents show alterations and/or erasures of any kind, or falsifications.

Application fee receipt.	
Passport size ID photo	(for PNG applicants).
Filled out all sections ar	nd attached copies of all receipts.
	cademic transcripts and certificates (diplomas or degrees). Copies of these doculby a Commissioner of Oaths, a senior civil servant or a school principal.
	s from your employer or previous school, and a church pastor. References are to be nissions Officer from your referees. Refer to mailing address in Section 13.
A medical report/certific	cate (see section 9).
Section 12: Declaration	
are insufficient resources to offer the coprovided incorrect information. I recognise that Pacific Adventist Univer Church. I accept the obligation to live in I further agree not to engage in cult activate substances, or pornographic materials.	In the purse program for which I have applied. I understand that I can be dismissed if I have a principles of the Seventh-day Adventist in harmony with the principles of the SDA Church as I become part of the campus life. Vities, using nor bringing onto campus any form of alcohol, cigarettes, betelnut, illegal I accept that I will be required to leave the university should I break these regulations.
NAME OF APPLICANT	
SIGNATURE OF APPLICANT	DATE
Section 13: Mailing Details Send your completed application form to the	e following address:
The Admissions Officer Pacific Adventist University	
Private Mail Bag BOROKO 111 National Capital District Papua New Guinea	Telephone: +675 7411 1300 Fax: +675 328 1257 Email: admissions@pau.ac.pg Web: www.pau.ac.pg

Appendix A

PAU VISION STATEMENT

Be the best provider of quality Christian tertiary education in the Pacific.

PAU MISSION STATEMENT

Prepare graduates who are equipped and willing to serve their community, their country, their church and their God.

OUR VALUES

SERVICE	We are devoted to lives of servanthood as modelled by Jesus Christ who served with compassion, fostered peace and worked for justice.
EXCELLENCE	We strive for excellence and seek to utilize our God-given gifts in the service of our God, our church, and our community.
KNOWLEDGE	We are committed to creating, preserving and sharing knowledge through teaching, research, and creative work of the highest standard.
INTEGRITY	We are committed to acting honestly, fairly, transparently, with professionalism and integrity, and to upholding the highest ethical standards.
COMMUNITY	We are dedicated to creating a welcoming, inclusive community that respects diversity and encourages, challenges, and nurtures one another.