

I will either find a way or make one

Enquiry No (office use only)						

All students applying for the undergraduate and PGE programs must apply through the University's Admission Office and use this form to apply for all undergraduate including nursing and education.

1. PERSONAL DETAILS (USE BLOCK LETTERS)

Title	Mr	Mrs	Ms	Miss	Other		Gender:	M	F					
Family Name:														
First Name:														
Former Family Name (If applicable)						Date of Birth:								
						d	d	m	m	y	y	y	y	
Have you previously made an application to undertake or been enrolled in a course at the Innovative University of Enga?														
Yes		No		If YES, please give your student number										
Are you a Citizen of Papua New Guinea				Yes		Please provide your NID number								
				No										
If NO, state reasons:														

Mailing Address

Po Box or Street Address:	
Town/Village:	
Province:	Post Code:
District:	
Mobile:	

Home Address (if different from mailing address)

Po Box or Street Address:	
Town/Village:	
Province:	Post Code:
District:	
Mobile:	

All correspondence will be sent to your email address

[illegible]

2. COURSE APPLICATION

1st Preference Course Name:	
2nd Preference Course Name:	
3rd Preference Course Name:	

Second and third preferences will only be considered if unsuccessful with your first choice

3. SECONDARY/TERTIARY EDUCATION

[illegible]

Have you completed a Secondary School in PNG?

Province:	Town/City:	Year:	School:
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If YES, please advice

Other Secondary or Tertiary Studies

Qualification/Award	School Institution	Marks Achieved	Date Completed					
			d	d	m	m	y	y
			d	d	m	m	y	y
			d	d	m	m	y	y

Courses Offered:

Bachelor of Education in Primary Teaching	☐	Bachelor of Science in Physics	☐	Graduate Diploma in STEM Teaching Education
Bachelor of Education in Early Childhood	☐	Bachelor of Science in Chemistry	☐	
Bachelor of Arts (English)	☐	Bachelor of Science in Biology	☐	
Bachelor of Mathematics	☐	Bachelor in General Nursing	☐	

4. WORK EXPERIENCE(S)

Employment Record: List most recent employment position first.



Date (from-to)	Employer	Address	Mobile/Phone	Position/Responsibilities

5. CHARACTER REFERENCE

This section must be completed by a COMMUNITY OR RELIGIOUS LEADER:

Comment on applicant's involvement in local church/community activities witness to faith, and suitability for tertiary education at IUE.

Name: _____ Position/Title Held: _____

Signature: _____

Date:

d	d	m	m	y	y	y	y
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6. CHECKLIST BOX

The applicant should submit the following together with this completed application form

- | | |
|---|---|
| ☐ Recent passport sized photograp | ☐ 2x recent character references |
| ☐ Receipt of K50 application payment (non-refundable) | ☐ Valid Police Clearance Certificate (current) |
| ☐ Transcripts/certificates of academic records (certified) | ☐ Current Medical Certificate from a certified medical practitioner |
| ☐ Grade 10 & 12 certificates (certified) | ☐ Copy of withdrawal letter if former student |
| | ☐ A personal statement as to why you want to enroll at the IUE and why you v |

7.DECLARATION AND SIGNATURE

Declaration of Information Accuracy and Permission for Verification

I, _____ hereby declare that all the information provided by me in my application to the Innovative University of Enga is true, accurate, and complete to the best of my knowledge and belief. I understand that providing false or misleading information may result in the rejection of my application or the revocation of any offer of admission. I also acknowledge that the university reserves the right to verify the authenticity of the information provided in my application.

I hereby grant IUE permission to contact any relevant institutions, organizations, or individuals to verify the information provided in my application for the purpose of determining my eligibility for admission. I fully understand and accept the terms and conditions of this declaration.

Signature: _____ Date: ____ / ____ / ____

Eligibility Criteria

In order to be eligible for selections applicants must study ALL the following five subjects in Grade 12 to be considered for the IUE Science Foundation Year:

8. FEE

Who is paying your fee? Tick the appropriate box.

☐ Self

☐ Sponsor – Name your sponsor _____

Applications must be returned by 30 September, 2024 by **Post** and must be accompanied by an Application Fee of **K50.00** 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.0000 287145, (IUE Tuition Fee Acc) Wabag 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 Admission Officer, Innovative University of Enga, PO Box 387, WABAG, Enga Province**

Email: admissions@iue.ac.pg or binglismyalanem@gmail.com

www.iue.ac.pg