



The NATIONAL POLYTECHNIC INSTITUTE OF PAPUA NEW GUINEA

P.O. Box 4366 Lae, 411 Morobe Province
Email: polytec.acad.clerk@gmail.com

Tel: (675) 472-2555 / (675) 472-1508 / (675)
(675) 472-1025

APPLICATION FOR RE-ADMISSION

(The Admissions Committee reserves the right to reject any applications failing to satisfy the requirements).

IMPORTANT NOTES

1. Suspension Students Must provide the following documents

1.	A show <u>cause letter</u> stating why you should be reconsidered for re-admission
2.	Two character references (one of them must be from a church with phone contact #)
3.	Recent Police Clearance Form
4.	Copy of your suspension notice
5.	Academic transcripts

2. Withdrawn Students must provide the following documents

1.	Letter stating reason(s) for withdrawal from studies
2.	Copy of withdrawal form
3.	Confirmation letter from employer if employed
4.	Any other supporting document
5.	Academic transcripts
6.	Copy of your student ID

3. Academic Grounds

- 3.1 Submit copy of your Academic Transcript
- 3.2 Submit copy of Student ID
- 3.3 Submit copy of Medical certificate

4. Employment

- 4.1 Submit a confirmation letter from employer
- 4.2 Submit copy of your Academic Transcript
- 4.3 Submit copy of your student ID
- 4.4 Submit copy of Medical Certificate

5. Copies of documents must be certified by any of the following: by a Church Minister, a Secondary School Principal or College Principal, Commissioned Police Officer, Magistrate or Commissioner of Oaths

6. All applications received without documentary evidence will be disregarded.

7. Application Processing Fee

A **non-refundable processing fee of K100.00**, must be deposited into the Institution Accounts:

Account Name : NATIONAL POLYTECHNIC INSTITUTE OF PNG
Account Number : 271-3857601
Bank : Westpac Bank
Branch : Lae Branch

Account Name : NATIONAL POLYTECHNIC INSTITUTE OF PNG
Account Number : 7032241353
Bank : BSP Bank
Branch : Lae Branch

8. All complete forms must be attached with original bank deposit slip and address to:

The Academic Clerk
National Polytechnic Institute of PNG
P.O. Box 4366,
LAE, 411
Morobe Province, Papua New Guinea or
Email: Academic.clerk@polytec.ac.pg

9. Application form received without the processing fee and faxed applications forms **WILL NOT** be considered.

SECTION 1

1. Personal Details

Surname: _____ Given Name: _____ Student Number: _____
Program: _____ Stage: _____
Semester 1 or 2 (*circle eligible semester for enrolment*)

Correspondence Address (**Where letters from the Institution will reach you**)

POSTAL ADDRESS:

Phone No _____ Email: _____

Note: This should be the full postal address or electronic address to which the Institute can write to you about your application for re-admission and the phone number of which you can be contacted.

2. Reasons for discontinuing your studies

√ (where appropriate)

<input type="checkbox"/>	On Academic Ground
<input type="checkbox"/>	On Disciplinary Ground
<input type="checkbox"/>	Withdrawal
<input type="checkbox"/>	Medical Ground
<input type="checkbox"/>	Financial issues
<input type="checkbox"/>	Family issue
<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Employment

Other reasons, (Give details):

Note: If you withdrew on Medical grounds, you are required to provide reference or certificate from the medical authority to certify that you are medically fit to continue your studies

3. Sponsorship

Please circle where appropriate,

If I am not awarded a scholarship;

- a) I will be able to self-sponsor
- b) I will not be able to self-sponsor

SECTION 3

4. Declaration

Selection approval will be subject to the information on this form being correct. Any false or misleading information provided in this application will result in immediate cancellation of place for readmission and continue and may result in prosecutions being carried out under the Papua New Guinea's criminal code.

I certify that I have read and understood all questions on this form. The answers given are true and complete in every. Furthermore, the services rendered by the Institution are privileges that I will uphold with care and responsibility.

If accepted, I undertake to abide by the Institution's Rules and Regulations in as far as they apply to the student.

Signature: _____

Date: _____