



INSTITUTE OF BUSINESS STUDIES

An Institution of Higher Education – Act 1983

Application for Admission

*** OFFICE USE ONLY ***

Enquiry No.: _____ Application No.: _____
 Course / Year: _____ Semester / Batch: _____
 Approval type: _____ Approved by / Date: _____

Please print CLEARLY in BLACK INK using **BLOCK** letters.

1. PERSONAL DETAILS *please circle appropriate boxes where applicable*

Title:	First Name:	Surname:	Home Province / Country:
Mr. / Mrs. / Miss / Ms			
Gender:	Date of Birth (dd/mm/yy):	Marital Status:	Religion / Denomination:
Male / Female	/ /		
Address		Alternative Address	
Telephone(s):	Fax:	Telephone(s):	Mobile:
Email address:		Email address:	
Father's Name:	_____	Mother's Name:	_____
Occupation:	_____	Occupation:	_____
Employer:	_____	Employer:	_____
Phone or Mobile:	_____	Phone or Mobile:	_____

2. ENROLMENT DETAILS *please tick only one course of study*

CERTIFICATE COURSES	UNDERGRADUATE COURSES	PROFESSIONAL COURSES
<input type="checkbox"/> Certificate in Accounting	<input type="checkbox"/> Diploma in Accounting	<input type="checkbox"/> Microsoft Certified Professional
<input type="checkbox"/> Certificate in Computing	<input type="checkbox"/> Diploma in Business	<input type="checkbox"/> Microsoft Certified Systems Administrator
<input type="checkbox"/> Certificate in Marketing	<input type="checkbox"/> Diploma in Information Technology	<input type="checkbox"/> Microsoft Certified Systems Engineer
<input type="checkbox"/> Certificate in Computer Applications	<input type="checkbox"/> Advanced Diploma in Business (Acct.)	<input type="checkbox"/> PC Support with A+
	<input type="checkbox"/> Advanced Diploma in Business (Info. Sys)	
	<input type="checkbox"/> Advanced Diploma in Business (Info.Tech)	
	<input type="checkbox"/> Bachelor of Business (Acct.)	
	<input type="checkbox"/> Bachelor of Business (Info. Sys)	
	<input type="checkbox"/> Bachelor of Information Technology	

APPLICATION FOR ADMISSION

3. UNIT ENROLMENT *only for Undergraduate enrolments & Professional programmes*

Unit Code:	Unit Name:

4. QUALIFICATIONS *please attach certified copies of your academic transcripts and certificates*

Qualification	Name of High School	Year Completed
Grade 10		
Grade 12		
Other Qualifications		

5. EMPLOYMENT DETAILS

Are you employed? No Yes *If yes, please fill out the following:*

Organisation: _____

Postal Address: _____

Name of Supervisor: _____

Job Title: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Mobile: _____

Email: _____

Email: _____

6. FEE PAYMENTS DETAILS

Please tick (✓) the appropriate box on who would be paying your course fees:

Corporate (employer, a company etc.) IBS Others (relatives, parents etc.) Self

If either Corporate or Others, please provide details:

Sponsor Name: _____

Telephone: _____

Mobile: _____

Contact Person: _____

Fax: _____

Postal Address: _____

Email: _____

APPLICATION FOR ADMISSION

10. DECLARATION / UNDERTAKING

I declare that to the best of my knowledge the information I have supplied in this application and the supporting documentation are correct and complete. I acknowledge that the provision of incorrect information or documentation or the withholding of relevant information or documentation relating to this application may result in cancellation of any offer of enrolment or actual enrolment by Institute of Business Studies.

On admission into the course, I hereby undertake to abide by the Institute's rules and regulations including Refund of Course Fee Policy.

Applicant's Signature: _____

Date: _____

11. CHECKLIST

Use this checklist to ensure your application is complete before returning it to the Institute of Business Studies. Your application can be processed quickly if you have taken all the actions listed below:

- Completed all sections of this application form (where applicable).
- Attached **certified copies** of all academic qualifications.
- Evidence of employment history (if required)
- Attached 2 x ID photo's
- Course synopsis / syllabus (if applying for enrolment with advanced standing)
- Read & signed the Course Fee Refund Policy and Declaration.

12. REMITTANCE OF COURSE FEES

1. The course fee can be remitted directly into **Institute of Business Studies** bank account. The Course fee deposit form can be obtained from any BSP branch in Port Moresby or from the IBS office.
2. All cheque payments should be made in favour of **Institute of Business Studies** in the form of a **BANK CHEQUE**. No personal or company cheques will be accepted unless prior arrangements are made with the Management.

COMPLETED APPLICATION FORMS SHOULD BE SENT TO:

*Team Leader Student Services
Institute of Business Studies
PO Box 2826
Boroko
National Capital District
Papua New Guinea*

TELEPHONE: (675) 325 4053 (675) 325 2188 (675) 325 2446 (675) 7210 8401 (Dig) (675) 7211 4309 (Dig)	FAX: (675) 325 8006 (675) 325 8652	EMAIL: enquiry@ibs.ac.pg	WEBSITE: www.ibs.ac.pg	CAMPUS: Section 57, Allotment 10 Magila Street 6 Mile National Capital District
---	---	---	---	--