



THE UNIVERSITY OF GOROKA
APPLICATION FOR RE-ENROLMENT

Please complete this form and return to:
The Chairman – Admissions Committee
The University of Goroka
P.O Box 1078
GOROKA: E.H.P

NOTE: The Admissions Committee reserves the right to reject any application failing to satisfy requirements.

IMPORTANT NOTES

1. Excluded Students

- a. Excluded students who have completed the period of exclusion seeking re-admission must submit a show cause letter stating why they think they will do better if re-admitted.
- b. Students are also expected to provide to the Chairman – Admissions Committee, names and Addresses of two referees who can supply us with references.
- c. Students must let the Committee know what they have been doing since they left the campus.

2. Withdrawn Students

- a. Students who withdrew on Medical grounds need to submit a Medical Certificate from a doctor to certify that they are now medically fit to continue their studies.
- b. Student who withdrew due to family reasons need to submit a re-assurance letter from their family (i.e. husband/wife/mother/father) that they can now continue their studies.

Students are also expected to provide the Committee names and addresses of two referees who can supply us with references.

3. Emailed or faxed applications will not be considered

4. Applications without a show case letter will not be considered.

5. All required information in this application form must be filled in order for your application to be considered

Re-enrolment Form

6. Application Fee:

The non-refundable re-enrolment application processing fee is K 50.00. You are to pay this into BSP Goroka Branch Account No. 1000751407 and attach the receipt of your payment with your name and program applying for clearly written on it. Applications without this fee will not be processed.

SECTION 1

1. PERSONAL DETAIL

Surname: _____ Other Names: _____ Student ID: _____

Program: _____ Major: _____

Minor: _____ School: _____

Year of Study 1, 2, 3, or 4 (Circle your eligible year of study)

Semester 1 or 2 (Circle your eligible semester for enrolment)

Address	_____ _____
Phone No.	_____
Email:	_____

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

2. COURSES COMPLETED AND GRADES ATTAINED

Year	Semester	Course Code	Subject/Course Name	<u>Grade</u>

SECTION 2

1. REASON FOR DISCONTINUING YOUR STUDIES

1. What was your reason for discontinuing your studies? Please tick a box that is applicable to you.

A. I am an Excluded Student.

B. I am a Withdrawn Student.

2. This section requires you to give the detail of your reasons as you've indicated above. If your reason was A above then you complete only section A below. If your reason was B above then you only respond to B below.

A. Excluded Students

2. DETAILS OF COURSES FAILED

A. Excluded Students what was your reason for your exclusion? (Please tick the appropriate box.)

i. I was excluded for failing _____ courses. Please provide the detail of courses you failed below (*number*)

Course Code	Subject/Course Name	Semester	<u>Year</u>

ii. I was excluded for Disciplinary Reasons. My period of exclusion was for _____
(*No. of semesters*)

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B. Withdrawn Students

3. REASONS FOR WITHDRAWAL

i. What was the reason for your withdrawals?

(Please tick (✓) the appropriate box(es))

Health

Pregnancy

Other (Give details)

Financial

Deferment of Studies

Family

Employment

Note: *If you withdrew on Medical grounds or other reason(s), you are required to provide reference/s or certificate from a medical authority to certify that you are medically fit to continue your studies.*

ii. **Show Cause Letter:** In about half a page write to the Chairman- Admissions Committee, explaining why you think you will do better if re-enrolled.

SECTION 3

1. REFERENCE

Submit below names and addresses of two people who can be contacted for references. It would be more helpful if you advise your referees to submit their letter of reference for you just about the same time as you launch your application. Your referees should be:

- a. Immediate employer/ course supervisor;
- b. Recognized community elder/ leader e.g.: Pastor or Court Magistrate.

1. Name	2. Name
Address: _____ _____ _____	Address: _____ _____ _____
Phone:	Phone:
Email:	Email:

(Note: Contact address and phone numbers of your referees are very important and must be completed in full.)

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2. EMPLOYMENT RECORD

In less than 100 words state what you have been doing since you left the campus. (eg: community involvement)

3. SPONSORSHIP

Place a tick (v) in the appropriate box,

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 4

DECLARATION

I agree that I have read and understood the questions in this form. The answers are true and complete in every respect.

Signature

Date

For further information ring Student Administration on Phone Number: 5311739

Check list for all candidates	
Tick	Tick if you have enclosed them
	Personal contact address and phone number
	Recent passport size photo
	Show Cause Letter (about half a page)
	Names, addresses and phone numbers of two referees
	Declaration by signature
	Receipt of K50.00 Application Fee with name and program applied written on it