Re-enrolment form: Semester 2 2024
Closing Date: 14th June 2024

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 **Withdrawn Students**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.
   c. 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.**
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

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.

COURSES COMPLETED AND GRADES ATTAINED IN THE MOST RECENT SEMESTER

Year	**Semester**	**Course Code**	**Subject/Course Name**	**Grade**

SECTION 2

REASON(S) FOR DISCONTINUING YOUR STUDIES

1. Academic Reasons (Exclusion from Studies)

I was excluded for failing the following courses as shown below.

Course Code	Subject/Course Name	Semester	Year

2. Other Reasons

(Please tick (√) the appropriate box/es)

- ☐ **Withdrawal**
- ☐ **Deferral**
- ☐ **Suspension**
- ☐ **Not sure**

What was the specific reason for your discontinuing your studies?
(Please tick (√) the appropriate box/es)

- ☐ Health
- ☐ Financial
- ☐ Family
- ☐ Pregnancy
- ☐ Employment
- ☐ Disciplinary
- ☐ Other Reasons (Give details) _____

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.***

Show Cause Letter: In about half a page write to the Chairman- Admissions Committee, explaining why you discontinued from studies and why you think 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 advice 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.

2. EMPLOYMENT RECORD

Briefly state what you have been doing since you left the campus. (eg: community involvement)

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3. SPONSORSHIP

Place a tick (√) 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.

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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
	Receipt of K50.00 Application Fee
	Declaration by signature