



THE UNIVERSITY OF PAPUA NEW GUINEA

RESUMPTION FORM FOR 2016 REGISTERED STUDENTS

CONDITIONS OF APPLICATION:

1. This form is for administrative purposes and should be completed by those students who did not complete their 2016 Semester 1/Trimester 2 (School of Medicine & Health Sciences) academic programs, as a result of the decision to terminate the Teaching and Learning activities at UPNG.
No application fee required.
2. The completed form must be submitted to the Executive Officer of your respective school, preferably electronically. Email addresses of the School Executive Officers are: SBPP: (nalodee@upng.ac.pg); SHSS: (honom@upng.ac.pg); SOL: (law.school@upng.ac.pg); SMHS: (modudula@upng.ac.pg); and SNPS: (pneimani@upng.ac.pg).
3. No Resumption form for the 2016 registered students, will be accepted by the Student administration.
4. All application forms must be received by **1st September 2016**.
5. **INCORRECT, INCOMPLETE, and LATE FORMS WILL BE REJECTED.**

SECTION 1: PERSONAL DETAILS

Name: *(Please Print Clearly and Tick Where Applicable)*

Surname: _____ Given Names: _____

Student ID No. : _____ Male: () Female: () Date of Birth: _____

Province of Origin: _____ Country of Origin: _____

Telephone No: _____ Email Address: _____

Postal Address : *(Please provide an accurate address for correspondence.)*

SECTION 2: SPECIFY SCHOOL & PROGRAMME REGISTERED IN 2016

School	Tick (only one)	Program of Study	Year of Study	Remarks by School Office
Business and Public Policy	<input type="checkbox"/>			
Law	<input type="checkbox"/>			
Humanities and Social Sciences	<input type="checkbox"/>			
Medicine and Health Sciences	<input type="checkbox"/>			
Natural and Physical Sciences	<input type="checkbox"/>			

For School Office Use Only *(Please tick where applicable)*

Application acknowledged: Yes () No () Date: _____

Name of Action Officer: _____ Signature: _____

SECTION 3: RESIDENTIAL STATUS IN 2016 (Please tick where applicable)

Were you a residential student in 2016? Yes () No ()
If yes, indicate the dormitory and room number.

Name of Dormitory: _____ Room No: _____

SECTION 4: WITHDRAWAL FROM STUDIES (Please tick where applicable)

I wish to withdraw from studies when the Teaching and Learning activities for the 2016 academic year resume on the 5th September, 2016. Yes () No ()

If yes, indicate your reason(s) for withdrawal. _____

SECTION 5: SIGNATURE OF STUDENT

I declare that all of the above information, are true and correct, and I undertake to uphold the laws and policies of this University, as a student.

Name & Signature of the Student: _____

Date: _____

For Student Services Use Only (Please tick where applicable)

Confirmation of Information Provided in Section 3 above: Yes () No ()

If not, provide correct information: _____

Name of Action Officer: _____ Signature: _____ Date: _____

SECTION 6: COMPLETION OF FORM PROCESSING (Verification of Registration)

Status of Application: I certify that (Name of student) _____
is duly registered as a student to complete the 2016 academic year.
Yes () No () (Please tick where applicable)

If no, please state reason: _____

School Executive Officer's Name & Signature: _____

Date of completion: _____

END OF PROCESS