APPLICATION FOR ADMISSION

Personal Information

Full Name				
	FIRST NAME		SURNAME	
Gender	☐ Male ☐ Female	Marital Status	☐ Single ☐ Married	
Date of Birth		Place of Birth		
Citizenship		Religion		

Current/Valid Address

Residential Street		Postal Address	
City/Town		District	
Province		Province of Origin	
Phone Number		Email Address	

Emergency Contact

Full Name		Relationship	☐Father ☐Mother ☐Guardian
Phone Number		Email Address	

Education

School/Institution Attended	Year Attended	Qualifications, Awards, Attainment

*To complete your application, please submit certified photocopies of the aforementioned documents as supporting evidence

Desired Diploma and Certificate (Short Courses) programs

DIPLOMA PROGRAM (2 years)
☐ Early Childhood Care and Education

*All programs are undergoing process of being accredited by DHERST.

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Declaration and Signature

Question	Response
Are you currently employed? If **Yes**, specify the company's name and your job.	☐ Yes ☐ No
Do you want to study in Blended/Online Education?	☐ Yes ☐ No
Are you using social media? If **Yes**, please list all the social media platforms you know (e.g., Facebook, Gmail, Zoom, etc.)	☐ Yes ☐ No
Are you a transferee from another institution? If **Yes**, what is the name of the institution?	☐ Yes ☐ No
Do you have sponsor to pay for your tuition fee? If **No**, how do you plan to fund your tuition fees and educational expenses?	☐ Yes ☐ No
Are you a resident of the National Capital District? If **Yes**, what is the suburb?	☐ Yes ☐ No
Have you been disciplined in school? If **Yes**, specify the reason(s).	☐ Yes ☐ No
Have you discontinued from school for academic reasons? If **Yes**, specify the reason(s).	☐ Yes ☐ No
Have you been convicted of criminal or civil offense(s)? If **Yes**, specify the nature of the offense(s).	☐ Yes ☐ No
Have you applied for admission to any other educational institution? If **Yes**, specify the institution and the program.	☐ Yes ☐ No

I have read and understood the questions on this form. I confirm that all provided information is true, accurate, and complete. I understand that any false or incomplete information will be considered a deliberate omission or falsification, leading to the cancellation of my admission/enrolment. If accepted, I agree to abide by the Rules and Regulations of Waigani Christian College - Institute of Early Childhood Care and Education.

SIGNATURE OVER PRINTED NAME   **DATE SIGNED:**

FOR OFFICE USE ONLY

Applicant Ref. No.	**Action Taken:**
GPA	☐ Approved ☐ Disapproved ☐ Deferred

Subjects needing improvement

SIGNATURE OVER PRINTED NAME **EVALUATOR**	**SIGNATURE OVER PRINTED NAME** **REGISTRAR**
DATE SIGNED	DATE SIGNED

Remarks:

PROGRAM REQUIREMENTS

☐ **Application Forms and Required Documents**

Duly accomplished Application Form can be submitted in-campus or off-campus (via email) together with the supporting documents:

1. Certified copy(ies) of Academic Transcripts, Diploma, Certificates, and other relevant qualifications. Must be certified as true copies by a Commissioner of Oaths.

2. Three(3) recent Passport-sized 2x2 ID pictures.

3. Letter of Recommendation from priest, pastors, previous employer or any academic authority.

4. Medical Certificate (especially those with pre-existing condition).

5. Proof of Financial Support (if applicable).

6. Proof of Payment (i.e., Bank validated payment receipt). This fee is to be paid into the bank account below:

Bank Name	Bank of South Pacific
Account Name	WCC Institute of Early Childhood Care
Account Number	0000917195
Bank Branch	Waigani Drive
BSB Code	088 568
SWIFT Code	BOSPPGPM

☐ **Eligibility (Admission) Standards**

You must have a Grade Point Average (GPA) of 2.5 or higher. Additionally, all academic records must show a grade of C or better. The eligibility standards are subject to change.

☐ **Fees**
- Application Fee is K50 (non-refundable) to be paid in full.
- Tuition Fee is K6,500 annually for the duration of the program (2 years).
- Miscellaneous fees (if applicable, to be announced prior enrolment).

☐ **Application to be submitted to:**

The Admission Office
Waigani Christian College-
Institute of Early Childhood Care and Education
Post: PMB 7086 Boroko, NCD
Ph +675 71059837 (Digicel) +675 84619710 (Voda) +675 78454860 (Telikom)
Email admission@pngcu.ac.pg

IMPORTANT: To process your application, you must include all documents certified as true copies, along with a proof of payment of application fee. Submission with uncertified documents or incomplete payment will not be considered. Application must be returned **on or before 30 January 2026 11:59 PM**.

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