



**PORT MORESBY INSTITUTE OF MATRICULATION STUDIES**  
P.O. Box 775, Boroko, NCD Kanage St, Erima  
Telephone: 72649486/71076180/72905308/75289373  
Email: pimsinfor@gmail.com

ID PHOTO  
HERE

## **APPLICATION FOR ADULT MATRICULATION**

### **A. PERSONAL DETAILS**

First Name:		Telephone:	Fax:
Surname:		BMobile:	Digicel:
Date of Birth: / /		Email:	
Sex: (M/F)	Home province:	Fill out this section only if you are employed	
Home village:	Marital status:		
No. of children:	Denomination:		
Address:		Employer:	
		Employee No:	Position:
		Branch:	Bank:
		Account No:	

### **B. EDUCATIONAL DETAILS**

Last High School attended:	Province:
Highest Grade completed:	Year:
<i>Note: Please attach certificate to confirm.</i>	

### **C. PARENT/GUARDIAN/SPONSOR DETAILS**

Name of Father(guardian):	Employer :	Position:
Employment address:	Telephone:	Fax:
	Email:	
Name of Mother(guardian):	Employer:	Position:
Employment address:	Telephone:	Fax:
	Email:	

### **D. METHOD OF FEE PAYMENT**

Below, I have selected the payment method I wish to use to pay for my school fees. Please tick appropriate box.	
<input type="checkbox"/>	Full payment upfront (only one installment).
<input type="checkbox"/>	50% payment upfront and balance to be completed by mid-Semester.

### **E. MATRICULATION SUBJECTS**

Previous Matriculation Study Centre:		Year enrolled:	
List of matriculation subjects already completed: <i>(attach academic transcripts to also confirm)</i>			
Tick the matriculation & skills subjects you are applying for this semester.			
Basic English	Basic Mathematics	English 1	Math 1
English 2	Maths 2A	Maths 2B	Biology 1
Biology 2	Chemistry 1	Chemistry 2	Physics 1
Physics 2	Economics	History of Sci & Tech	Geography
Asia & Modern World	History		
Are you planning to complete all the required subjects for the matriculation certificate?			



**F. SPECIAL TALENTS OR SKILLS**

<b>Do you have any special talents or skills? (e.g. music, arts, athletics, speaking, computing)</b>

**G. HEALTH CONDITIONS**

<b>Provide details or any physical or health disabilities that you have that may affect your studies here.</b>

**H. FUTURE CAREER**

<b>What career or study areas are you interested in pursuing after completing school (e.g. doctor, lawyer)</b>

**I. WHY HAVE YOU CHOSEN TO ENROL AT PIMS?**


**J. REFUND POLICY**

The following refund/withdrawal policies will apply;
Withdrawal is done through school withdrawal form only. Refund within 4 weeks of study commencement will suffer a 50% penalty deduction or a daily rate charge applied whichever is greater. No refunds allowed after 4 weeks of study commencement. Any student who withdraws will not be allowed to re- enroll later unless there is valid justification to do so. Refund of cheques from savings and loans, Nasfund, Finance companies, sponsor organizations will be refunded back to these organization upon refund.

**K. DECLARATION**

I, the applicant solemnly declare that all the information that I have provided above are true in every respect, and that I can be held liable for any false information. I pledge to abide by all the school statutes and regulations while a student at this school. Finally, I understand and accept the school refund policy specified in the preceding section.	
<b>Signature of applicant:</b>	<b>Date signed:</b>

