

## 2026 ACADEMIC APPLICATION FORM

Please print clearly in the following sections.

ID SIZE PHOTO

### 1. PERSONAL DETAILS

Title:	First Name	Surname:
Mr/Ms/Miss/Mrs		
Nationality:	Province:	District:
Gender:	Date of Birth:	Marital Status:
Male/Female		
Religion:	Mobile Phone:	Work Phone:
Personal Address:	Emergency Contact: Name:	Email Address:
	Number:	

### 2. ENROLMENT DETAILS (Choose Program and Course of study, write 1 for first choice and 2 for the second choice in the box per Program.)

Tick	1: Academic Program (2-Years Diploma Level)
1	Accounting
2	Banking & Finance
3	Business Management
4	Human Resource Management
5	Information Communication Technology (ICT)
6	Tourism & Hospitality Management

### 3. QUALIFICATIONS (please attach your certificates, documents)

Qualification (certificate, diploma, etc.)	Grade (12 or 10)	Name of School last attended

Other Qualification		

#### 4. EMPLOYMENT DETAILS

Are you employed?  Yes  No If yes please complete the following:

Organisation:	
Supervisor Name:	
Phone:	
Email:	
Postal Address:	

#### HOW DID YOU KNOW ABOUT MAPEX TRAINING INSTITUTE?

Newspaper		Mapex Marketing Team	
TV Advertisement		Career Expo	
Social Media		Mapex Website	
Radio Broadcast		Other Means	

#### 5. PAYMENT DETAILS

Tick (√) in the appropriate box and fill the Sponsor name.

Self:		Mapex Sponsor:	
Corporate/Sponsor:		Sponsor Name:	
Parents:		Phone:	
Guardian:		Email:	

#### 6. MAIN CAMPUS OF STUDY

The academic programs on this form are offered only at our Port Moresby Campus.

## 7. DECLARATION

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I hereby declare that the above information is true and correct, and am abide by MTI's Policies in every form and activities I do. I also acknowledged the Refund Policy, and I am ready to pay for my school fees stated.

I now promise to follow the policies and perform to the best of my ability if accepted to study with Mapex Training Institute.

Surname: \_\_\_\_\_ Given-Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For official use only:</b>		<b>Comment:</b>
Received by: Name: Signature:		
Reviewed Date:		
Course:		
Application Status:		
Date:		
Approved by: Registrar & Assistant Registrar		

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