

STUDENT ID NUMBER


FNU FIJI NATIONAL UNIVERSITY

 P.O. Box 7222 Nasinu Fiji. Telephone: (679)3394000/(679)3381044 Facsimile: (679)3393230
 Website: www.fnu.ac.fj

SAS 06

APPLICATION FOR GRADUATION

Mandatory requirement: Attach a copy of the Birth Certificate / Marriage Certificate. This application is subject to verification of all the requirements of the programme. Please fill an application per programme.

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILS

Surname : _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Other Name(s) : _____	Date of Birth: _____
First Name : _____	Name of Sponsor (if sponsored): _____
Postal Address: _____ _____	Employment Address (if applicable): _____ _____
Mobile Number: _____	Phone Contact: _____
Telephone Number: _____	Email Address: _____
Email Address: _____	

B GRADUATION DETAILS

Enrolled Programme: _____	Major 1 _____	Major 2 _____	Minor _____
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College of:

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Agriculture, Fisheries and Forestry | <input type="checkbox"/> Humanities and Education |
| <input type="checkbox"/> Business, Hospitality and Tourism Studies | <input type="checkbox"/> Medicine, Nursing and Health Sciences |
| <input type="checkbox"/> Engineering, Science and Technology | |

Programme Completion - Internship / Industrial and Work Experience Requirement (please state):

Successfully completed and received final grades for all of the programme requirements?

Completed the necessary Industrial / Clinical Attachment requirements?

Submitted your Work Experience Record Book?

Yes	No

Note: All Work Experience Record Book(s) must reach the respective Head of School/Department with the Application for Graduation form two (2) months before graduation.

Certificate Presentation (Students are encouraged to graduate at the FNU campus nearest to their place of residence):

- I would not be attending the graduation ceremony. I would collect my certificate after the graduation date from the Student Academic Services Department.
- I would be attending the graduation ceremony at the venue specified below:

Preferred venue of graduation:

- Suva Lautoka Labasa Other _____

Student Signature _____

Date (DD/YY/MM) _____

C STUDENT CLEARANCE *Please obtain clearance according to sections enlisted consecutively

COLLEGE / SCHOOL / DEPARTMENT

Programme requirements fully met/completed

Yes	No
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Programme qualifying to graduate in : _____

 Comments: _____

HOS / HOD:

Date:

(DD/MM/YY)

Stamp:

C	STUDENT CLEARANCE <i>Continued - Please obtain clearance according to sections enlisted consecutively</i>
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LIBRARY		
All items returned	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount Charged: _____		
Comments _____		

Librarian:	Date: _____ <small>(DD/MM/YY)</small>	Stamp:
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HALLS OF RESIDENCE <i>(Only for students who have been a resident of the HOSTEL)</i>		
All items returned	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount Charged: _____		
Comments _____		

Manager Halls of Residence:	Date: _____ <small>(DD/MM/YY)</small>	Stamp:
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FINANCE DEPARTMENT		
All fees pertaining to the programme has been cleared	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount Outstanding: \$ _____		
Comments _____		

Finance Rep:	Date: _____ <small>(DD/MM/YY)</small>	Stamp:
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STUDENT ACADEMIC SERVICES		
All records updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments _____		

SAS Officer:	Date: _____ <small>(DD/MM/YY)</small>	Stamp:
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SCHOOL / DEPARTMENT		
Secretary:	Received Date: _____ <small>(DD/MM/YY)</small>	Stamp:

D	FOR OFFICIAL USE ONLY <i>- to be submitted with the E7 form</i>
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GRADUATION COORDINATOR:		
Comments _____		

Graduation Coordinator:	Date: _____ <small>(DD/MM/YY)</small>	Stamp:
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