

APPLICATION NUMBER / STUDENT ID NUMBER

Application number input boxes



FNU FIJI NATIONAL UNIVERSITY

P.O. Box 7222 Nasinu FIJI. Telephone: (679)3393035/(679)3393036 Facsimile: (679)3393057 Website: www.fnu.ac.fj

SAS 01

APPLICATION FORM FOR ADMISSION

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILS

Personal details form including Title, Surname, First Name, Other Name(s), Father's/Mother's Name, Date of Birth, Marital Status, Country of Citizenship, Nationality, Ethnicity, Province, and Passport Number.

Please attach a photograph here. Print name on the back of the photograph.

B PROGRAMME OF STUDY

Programme of study form including Year, Term applied for (Semester, Trimester, Quarter, Penster, Summester, Block), Undergraduate/Postgraduate programme, Name of programme applied for, Preferred choice of campus, and 1st, 2nd, 3rd choices.

C ADDRESS

Address form including Postal Address, Residential/Term Address, Employment Address, Holiday Address, Email Address(es), Contact Person in case of Emergency, Mobile Number, and Telephone.

D FUNDING DETAILS

Funding details form including Private, Sponsored, and Sponsor's Name.

E ACADEMIC QUALIFICATIONS

Academic qualifications form including Secondary Qualification(s) Attained, Results table with columns for Year, Subject, and Result, and Total (English + Best 3) for each section.

ACKNOWLEDGEMENT - FOR OFFICIAL USE (for FNU to acknowledge receipt of your application)

Acknowledgement form including Name, Address, Application/ID Number, and Comments.

This serves to inform you that we have received your application and will inform you of the outcome in due course.

E ACADEMIC QUALIFICATIONS *Continued

TERTIARY QUALIFICATION(S) ATTAINED:

Qualification Title:	Institution:	Year Started:	Year Completed:

F EMPLOYMENT EXPERIENCE(S) *Details are required to assess admission eligibility in absence of appropriate academic background

Position:	Organization:	Years:

G MEDICAL HISTORY

Please indicate whether you have any medical condition(s) or major illness(es) that FNU should be aware of (attach medical certificate if applicable).

H HOSTEL ACCOMMODATION

Intending to reside at the FNU Hostel Yes No Preferred location (if applicable): _____

Please contact the Halls of Residence warden on:
 Student Services Administrator, Telephone : (679) 3233861 / (679) 3311700 Ext 1861
 UniServices Department (Hostels), Fiji National University, Mobile : (679) 9256220
 P.O. Box 7222, Nasinu, Fiji Islands. Email : SSA@fnu.ac.fj

I CHECKLIST CONFIRMATION

The application will not be processed if the following photocopied and certified copies of documents have not been attached.

- | | |
|--|---|
| <input type="checkbox"/> Attached Birth certificate/Marriage certificate | <input type="checkbox"/> Attached Passport Size Photo |
| <input type="checkbox"/> Attached Secondary School Result(s) | <input type="checkbox"/> Attached copy of passport (for regional / international applicant) |
| <input type="checkbox"/> Attached Tertiary Qualification Result(s) (if applicable) | <input type="checkbox"/> Attached Letter from Employer (if applicable) |

J APPLICANT'S DECLARATION

I undertake to comply with the rules and regulations of the Fiji National University. I authorize the Fiji National University to collect from, and disclose to, appropriate third parties such information that it may require to establish and administer my account with the University. I declare to the best of my knowledge that all the information supplied with this application form is true and complete in all significant particulars. I understand that making a false declaration is an offence.

Applicant's Signature: _____ Date: _____
DD/MM/YY

K COMPLETED APPLICATION FORMS

Completed application form(s) are to be sent to the area campus or centre as per address below:

Academic Office FNU P O Box 7222 Nasinu	Academic Office FNU P O Box 5529 Lautoka	Academic Office FNU P O Box 1309 Labasa	Academic Office FNU P O Box 737 Ba	Academic Office FNU Private Mail Bag Namaka, Nadi	Academic Office FNU C/- College of Medicine, Nursing & Health Sciences Private Mail Bag, Suva	Academic Office FNU Kalavati Building, Rakiraki (EMS ONLY)	Academic Office FNU, NTPC , Sigatoka (EMS ONLY)
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FNU Campuses:

Samabula Campus I Nasinu Campus I Koronivia Campus I Nasese Hospitality & Tourism Campus I Laucala Bay Maritime Campus I Raiwai Campus
 Tamavua Public Health Campus I Tamavua Nursing Campus I Pasifika Campus I Vatuwaqa Printing Campus I Lautoka Medical Campus I Lautoka Education Campus
 Namaka Campus I Ba Campus I Labasa Campus I Rakiraki Center I Sigatoka Center

L FOR OFFICIAL USE ONLY

Application Vetted/Data Entered Data Entered and forwarded for assessment
 Approved Not Approved
 Comments: _____

Processed/Received By: _____ Date: _____
Name Signature (DD/MM/YY)

Designation/Address: _____