

**SAS 01** 

APPLICATION FORM FOR ADMISSION									
Please complete all sections of this form.  Please use block letters.  Tick boxes where appropriate									
A PERSONAL DETAILS  Title: Mr.	Miss Marital Status : Country of Citizenship :	Please attach a							
First Name :		photograph here.							
Other Name(s) :	Fall and address	Print name on the back of the							
Father's/Mother's Name :		photograph.							
Date of Birth : Passport Number :									
B PROGRAMME OF STUDY									
Year: Term applied for: Se		Penster Summester Block							
_		necify):							
Name of programme applied for: 1 <sup>st</sup> Choice :		npus (refer to section K for list of FNU campuses):							
nd									
rd									
C ADDRESS	Desidential/Tenna Address	Fundament Address							
Postal Address:	Residential/Term Address (where you live while attending FNU):	Employment Address:							
	Mobile Number :	Mobile Number :							
	Home Telephone :								
Holiday Address:	Email Address(es):	Work Telephone :  Contact Person in case of Emergency:							
Tioliday Address.	Mode	Nama							
	work :	Relationship :							
	Personal :	Telephone :							
Mobile Number:		Contact Address :							
Telephone:									
D FUNDING DETAILS									
Private Sponsored	Sponsor's Name (if sponsored):								
E ACADEMIC QUALIFICATIONS									
SECONDARY QUALIFICATION(S) ATTAINED:									
Last Secondary School Attended:  RESULTS	Highest Secondary Qualification:	Last Year at School :							
Qualification Attained :	Qualification Attained :	Qualification Attained :							
School Name :	School Name :	School Name :							
Index Number :	Index Number :	Index Number :							
Year Subject Result	Year Subject Result	Year Subject Result							
	<del>                                     </del>								
	<del>                                     </del>								
Total (English + Best 5):	Total (English + Best 3):	Total (English + Best 3):							
ACKNOWLEDGEMENT – FOR OFFICIAL USE (for FNU to acknowledge receipt of your application)  Name : Application/ID Number:									
Address: Comments:									
This serves to inform you that we have received your application and will inform you of the outcome in due course.									

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F	ACADEN	AIC OLIALII	FICATIONS *Continued
_	ACADLIV	IIC OUALII	FICATIONS "Continuea

TERTIARY QUALIFICATION(S) ATTAINED:

Qualification Title:		Instituti	Institution:		Year Started:	Year Completed:			
F	EMPLOYN	IENT EXPERIEN	ICE(S) *Details are re	equired to assess admiss	ion eligibility in absence	of appropriate academic backgr	ound		
Posit				Organiz	_		Yea	irs:	
G	MEDICAL	HISTORY							
Plea	ise indicate v	whether you have	e any medical coi	ndition(s) or mai	or illness(es) that	t FNU should be aware	Of (attach medical cert	ificate if applicable).	
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Н	HOSTEL A	CCOMMODATI	ION						
		ide at the FNU H		☐ No Pref	erred location (if	annlicable)*			
	_	Halls of Residence			erred location (ij	иррпсиые)			
		Administrator,		Tele	phone : (6	379) 3233861 / (679) 331	1700 Ext 1861		
		•	iji National Univers			579) 9256220			
P.O.	Box 7222, Na	sinu, Fiji Islands.		Ema	il : <u>ss</u>	SA@fnu.ac.fj			
I	CHECKLIST	T CONFIRMATI	ON						
The a	application will i	not be processed if th	ne following photoco	pied and certified cop	oies of documents ha	ive not been attached.			
	Attached Birth	certificate/Marriage	certificate		Attached Pa	ssport Size Photo			
	Attached Seco	ndary School Result(s	5)		Attached co	py of passport (for regional / in	nternational applicant)		
	Attached Tertia	ary Qualification Resu	ult(s) (if applicable)		Attached Le	tter from Employer (if applica	ble)		
J	APPLICAN	IT'S DECLARAT	ION						
Lunc	dertake to cor	mply with the rule:	s and regulations o	of the Fiji National	University. I autho	orize the Fiji National Univ	ersity to collect fr	om, and disclose	
		•				er my account with the Ur	•	-	
	-		upplied with this a	pplication form is t	rue and complete	in all significant particula	rs. I understand th	at making a false	
	aration is an c licant's Signat					Date:			
Appi	ilcant s signati						DD/MM/YY	-	
K	COMPLET	ED APPLICATION	N FORMS						
Com	npleted appli	ication form(s) ar	re to be sent to tl	he area campus o	or centre as per a	address below:			
	demic Office	Academic Office	Academic Office	Academic Office	Academic Office	Academic Office	Academic Office	Academic Office	
FNU	D Box 7222	FNU P O Box 5529	FNU P O Box 1309	FNU P O Box 737	FNU Private Mail Bag	FNU C/- College of Medicine,	FNU Kalavati Building,	FNU, NTPC,	
	sinu	Lautoka	Labasa	Ba	Namaka, Nadi	Nursing & Health Sciences	Rakiraki	Sigatoka	
						Private Mail Bag, Suva	(EMS ONLY)	(EMS ONLY)	
					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 OFFIC	CIAL USE ONLY							
App	lication Vett	ed/Data Entered	П		Data Entere	d and forwarded for as	sessment 🗌		
	roved	•	Ī		Not Approve	ed			
Comments:									
Proc	Processed/Received By: Date:								
Name Signature (DD/MM/YY) Designation/Address:									
pesignation/Address									