

STUDENT ID NUMBER


**FNU FIJI NATIONAL UNIVERSITY**

 P.O. Box 7222 Nasinu Fiji. Telephone: (679)339 4000/(679)338 1044 Facsimile: (679)339 3230  
 Website: [www.fnu.ac.fj](http://www.fnu.ac.fj)
**SAS 02**

# ENROLMENT FORM

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

**A PERSONAL DETAILS**

Surname	:	_____	Email Address(es)	Work	:	_____
Other Name(s)	:	_____		Personal:	:	_____
First Name	:	_____	Phone Contact(s)	Telephone:	:	_____
Date of Birth	:	_____		Mobile	:	_____
		(DD/MM/YY)	Current Postal Address	:	_____	
<input type="checkbox"/> Local Student	<input type="checkbox"/> Regional/International Student		Name of Sponsor (if sponsored)	:	_____	
<input type="checkbox"/> Private Student	<input type="checkbox"/> Sponsored Student					

**B PROGRAMME OF STUDY**

Year:	_____	Block Number:	_____	Summester Month:	_____		
Semester	_____	Trimester	_____	Quarter	_____	Penster	_____
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
College	:	_____					
Campus/Centre	:	_____					
Programme enrolled in	:	_____					
Major 1:	_____	Major 2:	_____	Minor:	_____		

**C UNIT(S) / COURSE(S) OFFERED** \*To be verified with the School/Department on offered unit/course

Unit/Course Code:	Unit/Course Name:	Unit/Course Code:	Unit/Course Name:

Student Signature

Date (DD/YY/MM)

**D SCHOOL / DEPARTMENT**

HOS / HOD:	Date: (DD/MM/YY)	Stamp:	<i>for higher research students</i>	Date: (DD/MM/YY)	Stamp:
			Dean's Approval:		

**E STUDENT ACADEMIC SERVICES**

Enrolment Registration Officer:	Date: (DD/MM/YY)	Stamp:	Registrar's/Rep (if applicable):	Date: (DD/MM/YY)	Stamp:
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**F FINANCE DEPARTMENT**

Fees payment method	<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Cheque	<input type="checkbox"/> FNPF	<input type="checkbox"/> Sponsor	Name of Sponsor:
Invoicing Officer:	Date: (DD/MM/YY)	Stamp:	Cashier:	Date: (DD/MM/YY)	Stamp:

**G STUDENT ID CARD SECTION**

ID Card Processed	<input type="checkbox"/>	Duration valid for:	_____
ID Technician:	Date: (DD/MM/YY)	Stamp:	_____

**H ICT DEPARTMENT**

Student account access activated	<input type="checkbox"/>	Student email account activated	<input type="checkbox"/>	Password Issued:	_____
ICT Lab Technician:	Date: (DD/MM/YY)	Stamp:	_____		

**I LIBRARY**

Student registered	<input type="checkbox"/>	Duration valid for:	_____
Librarian:	Date: (DD/MM/YY)	Stamp:	_____

**J HALLS OF RESIDENCE** *for students seeking residency within hostels*

Room allocated	<input type="checkbox"/>	Occupancy duration:	_____	Room Number:	_____
Signature:	Date: (DD/MM/YY)	Stamp:	_____		

**COMPLETED ENROLMENT FORMS - Please return completed enrolment form to the nearest Student Academic Services Department**