

APPLICATION NUMBER / STUDENT ID NUMBER

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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

Title: Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Marital Status	:	_____
Surname	:	_____	Country of Citizenship	:	_____
First Name	:	_____	Nationality	:	_____
Other Name(s)	:	_____	Ethnicity	:	_____
Father's/Mother's Name	:	_____	Province (if I-Taukei)	:	_____
Date of Birth	:	_____	Passport Number	:	_____

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

B PROGRAMME OF STUDY

Year: _____	Term applied for: Semester <input type="checkbox"/>	Trimester <input type="checkbox"/>	Quarter <input type="checkbox"/>	Penster <input type="checkbox"/>	Summester <input type="checkbox"/>	Block <input type="checkbox"/>
Undergraduate programme <input type="checkbox"/>	Postgraduate programme <input type="checkbox"/>	If Others (please specify): _____				
Name of programme applied for: _____			Preferred choice of campus (refer to section K for list of FNU campuses): _____			
1 st Choice	:	_____	_____			
2 nd Choice	:	_____	_____			
3 rd Choice	:	_____	_____			

C ADDRESS

Postal Address: _____ _____ _____	Residential/Term Address (where you live while attending FNU): _____ _____	Employment Address: _____ _____
	Mobile Number : _____	Mobile Number : _____
	Home Telephone : _____	Work Telephone : _____
Holiday Address: _____ _____	Email Address(es): Work : _____	Contact Person in case of Emergency: Name : _____
	Personal : _____	Relationship : _____
Mobile Number: _____		Telephone : _____
Telephone: _____		Contact Address : _____

D FUNDING DETAILS

Private <input type="checkbox"/>	Sponsored <input type="checkbox"/>	Sponsor's Name (if sponsored): _____
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E ACADEMIC QUALIFICATIONS

SECONDARY QUALIFICATION(S) ATTAINED:

Last Secondary School Attended: _____	Highest Secondary Qualification: _____	Last Year at School : _____
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RESULTS

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
Total (English + Best 5): _____			Total (English + Best 5): _____			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.

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: _____