

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	Organisation	Years

G. MEDICAL HISTORY / SPECIAL NEEDS

Please indicate whether you have any medical condition(s) or major illness (es) or any disabilities that FNU should be aware of (attach medical certificate and support letter from Special Schools and Disabled Peoples Organisations if applicable).

Yes No

Provide details if Yes:

H. CHECKLIST CONFIRMATION (Please tick)

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

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport Size Photo |
| <input type="checkbox"/> Secondary School Result(s) | <input type="checkbox"/> Copy of Bio data page of passport (for Regional / International applicant) |
| <input type="checkbox"/> Tertiary Qualification Result(s) (if applicable) | <input type="checkbox"/> Letter from Employer and Curriculum Vitae(CV) (if applicable) |
| <input type="checkbox"/> Tax Identification Number(TIN) Letter/FRCA Card | <input type="checkbox"/> Medical Certificate and support letter from SECTION G (if applicable) |

I. APPLICANT'S DECLARATION

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 authorise 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 undertake to comply with the rules and regulations of the Fiji National University and I fully understand that making a false declaration is an offence under the law.

Applicant's Signature: _____

Date: _____

DD/MM/YY

J. COLLEGE DEAN (Alternative Entry Assessment)

Comments:

Signature _____

Date: _____

K. FOR ACADEMIC OFFICE USE ONLY (Please tick)

- | | |
|--|--|
| 1. Minimum Entry Requirement Checked <input type="checkbox"/> | 5. Data Entered <input type="checkbox"/> |
| 2. Application Vetted <input type="checkbox"/> | 6. Student Notified <input type="checkbox"/> |
| 3. Refer to Senior Academic Office Staff if Section G is filled <input type="checkbox"/> | 7. Documents Filed <input type="checkbox"/> |
| 4. Documents Uploaded <input type="checkbox"/> | |

Processed by _____

Name

Signature

Date: _____

(DD/MM/YY)

L. COMPLETED APPLICATION FORMS

Completed application form(s) are to be mailed to the address below or dropped off at the nearest FNU Campus listed below:

Student Academic Services [Admissions]
Fiji National University
P O Box 7222
Nasinu

FNU Campuses

Ba Campus | Derrick Campus, Samabula | Fiji Maritime Academy | Hoodless House | Koronivia Campus | Labasa Campus | Nadi Campus
 | Nasinu Campus | Natabua Campus