

STUDENT ID NUMBER

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FNU FIJI NATIONAL UNIVERSITY

 P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000/(679)3381044
 Facsimile: (679)33939230 Website: www.fnu.ac.fj
SAS 22

APPLICATION FOR SUPPLEMENTARY ASSESSMENT

A PERSONAL DETAILS

Surname: _____ First Name: _____

 Other Name(s): _____ Date of Birth: _____
(DD/MM/YY)
B PROGRAMME OF STUDY

 College: _____ Campus: _____
 Programme Enrolled In: Major 1 Major 2 Minor

C UNIT(S) DETAILS

Unit Code	Unit Name	Last Attempted		Current Term	
		Year	Term	Year	Term <i>(please specify)</i>

 Student Signature

 Date (DD/YY/MM)

D FOR OFFICIAL USE ONLY
1. LECTURER INCHARGE / COURSE COORDINATOR TO VERIFY SUPPLEMENTARY ASSESSMENT DETAILS

A. Grade Verification <i>[Please Tick options]</i>	B. Type Of Assessment Offered To Student <i>[Please Tick options]</i>	LECTURER IN-CHARGE/COURSE COODINATOR
i. Student scored more than 45% and less than 50% in a course <input type="checkbox"/> Or ii. Student received a DNQ grade of total marks of 50% or more <input type="checkbox"/>	i. Exam <input type="checkbox"/> ii. Others form of assessment <input type="checkbox"/> <i>(Details to be provided to student)</i>	Signature: Date: (DD/MM/YY)
2. HOS/HOD Signature:	Date: (DD/MM/YY)	Stamp:
3. DEAN Signature:	Date: (DD/MM/YY)	Stamp:

4. FINANCE DEPARTMENT

Amount Paid: \$ _____

Receipt Number: _____

Finance Processing Officer:

Date:

(DD/MM/YY)

Stamp:

5. STUDENT ACADEMIC SERVICES

Examination Section:

Date:

(DD/MM/YY)

Stamp:

Student to submit application to Student Academic Service and take a copy with them.