

STUDENT ID NUMBER

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**FNU FIJI NATIONAL UNIVERSITY****SAS 21**P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000/(679)3381044 Facsimile: (679)3393230  
Website: [www.fnu.ac.fj](http://www.fnu.ac.fj)**APPLICATION TO RE-SIT EXAMINATION****A PERSONAL DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B PROGRAMME OF STUDY**

College: \_\_\_\_\_ Campus: \_\_\_\_\_

Programme enrolled in: \_\_\_\_\_

**C RE-SIT EXAM UNIT(S) REQUEST DETAILS**

Unit Code	Unit Name	Last Attempted	
		Year	Term

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date (DD/YY/MM)**D FOR OFFICIAL USE ONLY****SCHOOL /COLLEGE****1. Lecturer/Course Coordinator Comments**

Unit Code	Unit Name	Comment [Approved/Not Approved]	Re-Sit Exam Offer		Lecturer/Course Coordinator Signature:
			Year	Term	

Date:  
(DD/MM/YY)**2. HOD/HOS Signature:**Date:  
(DD/MM/YY)

Stamp:

**3. DEAN'S 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 Staff Signature:

Date:  
(DD/MM/YY)

Stamp: