

STUDENT ID NUMBER


FNU FIJI NATIONAL UNIVERSITY

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 Website: 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 :	_____	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: _____	Summerster 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 PROGRAMME STRUCTURE

 Students are to ensure that they are enrolling into the units according to the correct **Programme Structure**
D 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) _____

E SCHOOL / DEPARTMENT
Application Vetted

HOS/HOD

**Higher Research Students
Dean's Approval**

Signature _____

Date (DD/MM/YY) _____

Stamp _____

Signature _____

Date (DD/MM/YY) _____

Stamp _____

F FOR OFFICIAL USE ONLY (Please tick boxes where applicable)
Data Entered

Processed By _____ Signature: _____

Date _____

(DD/MM/YY)

Documents Submitted for Filing