

STUDENT ID NUMBER

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FNU FIJI NATIONAL UNIVERSITY

 P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000/(679)3381044 Facsimile: (679)3393230
 Website: www.fnu.ac.fj
SAS 18

SPECIAL NEEDS EXAMINATION REQUEST FORM

[Refer to UASR Part V, Section 17.0]

A PERSONAL DETAILS

Surname: _____ First Name: _____

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

Year: _____	Term applied to: <i>(Please Tick)</i>	Block <input type="checkbox"/>	Summester <input type="checkbox"/>	Penster <input type="checkbox"/>
		Quarter <input type="checkbox"/>	Trimester <input type="checkbox"/>	Semester <input type="checkbox"/>

College: _____ Campus/Centre: _____

Programme enrolled in: _____ Major 1 _____ Major 2 _____ Minor _____

C Special Need Details

Describe the Special Need(s):

Evidence(Attach supporting documents from relevant Authorities such as Medical report etc)

 Student Signature Date (DD/YY/MM)

D FOR OFFICIAL USE ONLY
To Be Filled by Lecturer
Nature of Modification Required:

Name:	Sign	Date <small>(DD/MM/YY)</small>	Contact:
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HOS/HOD: Name:	Sign:	Date <small>(DD/MM/YY)</small>	Contact:
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To be filled by the College Dean [EO/AO to retain a copy for Examination Board]

Comments/Approval:

To be filled by the Examination Office

Received by[Staff Name]:	Sign:	Date <small>(DD/MM/YY)</small>	Stamp:
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To be filled by Exam Supervisor at Venue

Name:	Sign:	Date <small>(DD/MM/YY)</small>
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Please attach this form with the Examination Scripts Return Form sent to Examination Office