

STUDENT ID NUMBER


**FNU FIJI NATIONAL UNIVERSITY**

 P.O. Box 7222 Nasinu FIJI. Telephone: (679)33934000/(679)3381044 Facsimile: (679)3393230  
 Website: [www.fnu.ac.fj](http://www.fnu.ac.fj)

SAS 07C

## APPEAL: RECONSIDERATION OF ASSESSMENT

This application is lodged with the Students' Appeals Committee (SAC) if dissatisfied with the outcome of the College Academic Appeals Committee (CAAC) decision. The decision of the SAC shall be final.

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	:	_____	Phone Contact(s)	Work	:	_____
Date of Birth	:	_____		Home	:	_____
		(DD/MM/YY)		Mobile	:	_____
			Postal Address	:	_____	

**B APPEAL DETAILS**

Year:	_____	Block Number:	_____	Summester Month:	_____
Semester		Trimester		Quarter	
<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:	_____	
Unit / Course Code:	_____		Unit / Course Name:	_____	
Appeal Result:	Date:	_____	Level:	_____	
		(DD/MM/YY)		Stage: _____	
_____			_____		
Student Signature			Date (DD/YY/MM)		

**C FOR OFFICIAL USE ONLY**
**STUDENT ACADEMIC SERVICES**

Exams Office:	Date Received:	_____	Stamp:
		(DD/MM/YY)	

**STUDENTS' APPEALS COMMITTEE (SAC)**

Rep Signature:	Date Received:	_____	Stamp:
		(DD/MM/YY)	

**Comments:**


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**Students' Appeals Committee Final Decision:**


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Chair of Appeals Committee:	Date:	_____	Stamp:
		(DD/MM/YY)	

 Student advised of the appeal outcome

Signature:	Date:	_____	Stamp:
		(DD/MM/YY)	