

STUDENT ID NUMBER

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SAS 17

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

APPLICATION FOR

[Please Tick] AEGROTAT PASS COMPASSIONATE PASS SPECIAL EXAMINATION

[This form is to be used ONLY by students who have missed the end-point examination.]

Student ID Number:.....Student Name: Campus:

Contact: PhoneEmail:.....

College:School:.....Year:

Programme Name: Unit Code:..... Unit Name:

Student Signature:.....

Date of Exam Missed: _____ (DD/MM/YY)	Time of Exam: _____ (HH/MM)
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Specify Reason(S) For Not Sitting Exam:

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(Please attach all supporting documents (medical certificate(s), death certificate, etc) before submission to the College Examination Board for consideration.)

1. LECTURER / Course Coordinator Signature:	Date: _____ (DD/MM/YY)	Stamp:
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Decision By College Examination Board

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2. HOS/HOD Signature:	Date: _____ (DD/MM/YY)	Stamp:
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3. DEAN'S Signature:	Date: _____ (DD/MM/YY)	Stamp:
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4. **Student Academic Services:**

Examination Office Staff Signature:	Date: _____ (DD/MM/YY)	Stamp:
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