

STUDENT ID NUMBER


FNU FIJI NATIONAL UNIVERSITY

 P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000/(679)3381044 Facsimile: (679)3393230
 Website: www.fnu.ac.fj
SAS 12

APPLICATION FORM FOR FINAL EXAMINATION SCRIPT(S)

No access to exam scripts shall be permitted after 12 months of the release of results for any unit.

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 : _____ (DD/MM/YY)	Home : _____
	Mobile : _____
	Postal Address : _____

B FINAL EXAMINATION SCRIPT(S) DETAILS

Year: _____ Block Number: _____ Summer Month: _____

Semester

Trimester

Quarter

Penster

1	2
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1	2	3
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1	2	3	4
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1	2	3	4	5
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College : _____

Campus/Centre : _____

Programme enrolled in : _____

Major 1: _____ Major 2: _____ Minor : _____

Unit / Course Code : _____

Unit / Course Name : _____

Date of Exam: _____ (DD/MM/YY) Time of Exam: _____

C FINANCE DEPARTMENT

Amount Paid: \$ _____ Receipt Number (please attach receipt): _____

Cashier: _____ Date Received: _____ (DD/MM/YY) Stamp: _____

_____ Student Signature _____ Date (DD/YY/MM)

D FOR OFFICIAL USE ONLY
STUDENT ACADEMIC SERVICES

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

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