

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](http://www.fnu.ac.fj)**SAS 05****APPLICATION FOR A REPLACEMENT CERTIFICATE**

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

**B GRADUATION DETAILS**

Award Title : _____
Institution where programme was completed : _____
Please state reason(s) for Replacement Certificate: _____ _____
Date of Graduation: _____ DD/MM/YY
Certificate Number: _____

**C SUPPORTING DOCUMENTS**

Please ensure to attach the following with this application.

- > A copy of Birth Certificate or Marriage Certificate
- > A statutory declaration stating the fact that the certificate issued was lost, destroyed, damaged or stolen
- > A police report outlining the particulars pertaining to the certificate is also required for stolen certificate
- > The original damaged certificate must be submitted if a replacement of the damaged certificate is required

**D STUDENT ACADEMIC SERVICES**

Search Fee/Verification Fee (if applicable): \$ _____	Replacement Certificate Fee: \$ _____
Approval by the Registrar's Office Signature: _____	Date: _____ (DD/MM/YY)
_____	Stamp: _____
Student Signature	Date (DD/YY/MM)

**E FINANCE DEPARTMENT**

Amount Paid: \$ _____	Receipt Number: _____
Cashier: _____	Date: _____ (DD/MM/YY)
_____	Stamp: _____

**F FOR OFFICIAL USE ONLY**

<b>STUDENT ACADEMIC SERVICES</b>	
Replacement Certificate Issued Number : _____	_____
Comments/Particulars of Certificate : _____	_____
Signature: _____	Date: _____ (DD/MM/YY)
_____	Stamp: _____

**G COLLECTION OF REPLACEMENT CERTIFICATE**

Full Name: _____
Signature: _____
Date: _____ (DD/MM/YY)