



STUDENT ID NUMBER

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FIJI NATIONAL UNIVERSITY

Website: [www.fnu.ac.fj](http://www.fnu.ac.fj)

## OFFICIAL USE WITH STUDENT ENROLMENT FORM SAS 02

### SCHOOL / DEPARTMENT - FOR OFFICIAL USE ONLY *(Please Tick Boxes Where Applicable)*

Application Vetted

**HOS / HOD**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(DD/MM/YY)

**Graduate School Students  
Dean's Approval**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(DD/MM/YY)

### FOR ACADEMIC OFFICE USE ONLY *(Please Tick Boxes Where Applicable)*

Data Entered

Processed By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(DD/MM/YY)

Documents Submitted For Recording

*Authorised By The University Registrar*



**Colleges:**

- College of Agriculture, Fisheries & Forestry
- College of Business, Hospitality & Tourism Studies
- College of Engineering, Science & Technology
- College of Humanities & Education
- College of Medicine, Nursing & Health Sciences
- National Training & Productivity Centre

**CHILD PROTECTION POLICY**

**STUDENT DECLARATION**

I confirm that I have read and understood FNU’s Child Protection Policy and agree to comply with it.

I understand that a breach of these Policy may provide grounds for my studentship with FNU to be terminated.

I also understand that a breach of these Policy could result in criminal prosecution.

Name

.....

ID

.....

Signature

.....

Date

.....

## Indemnity Form

I \_\_\_\_\_, hereby indemnify that any activities organized by the Pacific Centre of Maritime Studies will be attended at my own risk and abide by the Safety Rules and Regulations set by both the Academy and the trainer/lecturer.

I am fully aware of the possible risks involved and accept the same, notwithstanding the fact that these activities are intended only for those without medical problems and who are fit enough to indulge in physical activities.

I agree to indemnify and hold the Centre and its management from any liability, claims, losses, damages or expenses caused by or arising from any cause in connection with the activities or my anticipation therein.

I Agree that this document shall be governed to the extent permitted by the laws of Fiji.

### PERSONAL PARTICULARS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Programme: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (Student)

\_\_\_\_\_  
Date:

STUDENT ID NUMBER

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SAS 08A

### UPDATE OF STUDENT PERSONAL DETAILS FORM

Please complete all sections of this form

Tick boxes where appropriate

#### A PERSONAL DETAILS

Surname : \_\_\_\_\_ Official Student Email : \_\_\_\_\_  
 Other Name(s) : \_\_\_\_\_ Work / Personal Email : \_\_\_\_\_  
 First Name : \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 (DD/MM/YY)

#### B REQUESTED CHANGES

Checklist	Local	Regional	International
Valid Photo ID/Photo (Driver's License, FNPJ Joint Card, Voters ID, Employee ID, Passport and any other valid ID)			
Birth Certificate			
Marriage Certificate (If Applicable)			
Tax Identification Number (If Applicable)			
Passport Biodata Page			

**NAME** (Only as per Birth Certificate and Marriage Certificate where applicable)

Update Name to: \_\_\_\_\_

#### PHONE CONTACT

Update Mobile Number to: \_\_\_\_\_ Update Telephone Number to: \_\_\_\_\_  
 Country Code (    ) \_\_\_\_\_ Country Code (    ) \_\_\_\_\_

#### RESIDENTIAL ADDRESS

Level 1: \_\_\_\_\_  
 Level 2: \_\_\_\_\_  
 Level 3: \_\_\_\_\_

#### POSTAL ADDRESS

Level 1: \_\_\_\_\_  
 Level 2: \_\_\_\_\_  
 Level 3: \_\_\_\_\_

#### EMERGENCY DETAILS

Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_

#### TERM ADDRESS TO (Where you live while studying @ FNU):

Level 1: \_\_\_\_\_  
 Level 2: \_\_\_\_\_  
 Level 3: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

[Typing your name is considered as signature in this form]

Submit this completed form to: [admission@fnu.ac.fj](mailto:admission@fnu.ac.fj)

\_\_\_\_\_  
Date (DD/MM/YY)

Authorised By The University Registrar