

STUDENT ID NUMBER

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FIJI NATIONAL UNIVERSITY

Website: 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

Date (DD/MM/YY)

Authorised By The University Registrar