Alumni Registration Form

Student ID Number: 

Personal Details

Full Name: ____________________________________________________________

Date of Birth: ______/_____/______

Gender: (Please tick)  □ Male  □ Female

Postal Address: __________________________________________________________

Residential Address: _____________________________________________________

Division: Central □ Eastern □ Western □ Northern □

Home Phone: ________________________________  Email: ____________________________

Mobile: ________________________________  Country of Residence: ____________________________

Citizenship (Please Tick)

□ Fiji  □ International (please specify country): ____________________________

□ Regional (Other Pacific Islands): ____________________________

Graduation Details

Year of Graduation: ____________________________  Major/Field of Study: ____________________________

Graduating Institution (FNU, FIT, FSM, etc): ____________________________

Level of Qualification attained: ____________________________

Current Employment Details

Position/Title: ____________________________________________________________

Employer: ____________________________________________________________

(Name of Company/Organization)

Location: ____________________________________________________________

(City, Town or Country)

Sector: □ Public  □ Private  □ Non-Profit Sector (CSOs, FBOs, NSAs, etc.)

□ International Organisation  □ Inter - Government Organisation

Salary Range:

Please tick box □ less than $10000  □ $10000 - $20000  □ $20000 - $30000  □ more than $30000

Would you like to receive the following? (Please tick)

□ E- Newsletters  □ Upcoming Special Events Notification  □ New Programme Launching Details

Alumni Office | Nasinu Campus, Fiji Islands. Phone: (679) 3394000 ext. 2009 | Email: ao-dpl@fnu.ac.fj