STUDENT ID NUMBER

FNU FIJI NATIONAL UNIVERSITY

SAS 10

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

APPLICATION FOR OFFICIAL LETTER

Please complete all sections of this form.   Please use block letters.   Tick boxes where appropriate

A   PERSONAL DETAILS

Surname: _____   First Name: _____

Other Name(s): _____   Date of Birth:_____
(DD/MM/YY)

B   PROGRAMME OF STUDY

Year: _____   Block Number: _____   Summester Month: _____

Semester	Trimester	Quarter	Penster
1 2	1 2 3	1 2 3 4	1 2 3 4 5

College   : _____

Campus/Centre   : _____

Programme enrolled in   : _____

Major 1: _____   Major 2: _____   Minor : _____

C   LETTER REQUESTED

☐ Bonafide Letter   ☐ Completion Letter   ☐ Certification Letter

☐ English Letter   ☐ Verification Letter   ☐ Course Description

☐ Others Please Specify: _____

For Completion letter - please complete the Application for Graduation form.

For Certification / Verification Letter – please state the Date of Graduation: _____
(DD/MM/YY)

NB *For Course Descriptions – please attach copies of results of units undertaken for reference*

Please attach receipt of payment

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

D   FOR OFFICIAL USE ONLY

FINANCE DEPARTMENT

Cost of Letter Requested: $ _____   Receipt Number: _____

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

STUDENT ACADEMIC SERVICES

SAS Officer:	Date: (DD/MM/YY)	Stamp: