## **Higher Degree by Research Application for Admission Form**



**SAS 01D** 

P.O. Box 7222 Nasinu FIJI. Telephone: (679) 3394 000/ (679) 3381 044 Facsimile: (679) 3393 230

STUDENT ID NUMBER: Please complete All the sections **Please Use Block Letters** Tick boxes where applicable **APPLICANT DETAILS** Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other Gender: ☐ Male ☐ Female ☐ Prefer not to say First Name Country of Citizenship Surname Place of Birth Other Names Province (Fiji) Father's / Mother's Name Tax Identification Number Birth Registration Number Passport Number: (Regional/International) Date of Birth: [DD/MM/YYYY] Postal Address: Residential Address **Phone Contact Email** Work Official Mobile Personal **Contact Person in case of Emergency Residential Address** Name Relationship Telephone **Email PROGRAMME OF STUDY** Term Applied: Year ☐ Semester 1 ☐ Semester 2 Mode of Study: ☐ Full Time ☐ Part Time Programme: ☐ Masters by Research Programme ☐ Doctor of Philosophy Have you contacted a potential supervisor at FNU? ☐ No ☐ Yes If yes, complete the following: Name of potential supervisor 1 College Name of potential supervisor 2 College ii) State your proposed research topic iv) Attach your research interest and/or plan up to 1,000 words

Select the College in which you wish to undertake your research course:								
☐ College of Agriculture, Fisheries and Forestry ☐ College of Business, Hospitality, and Tourism Studies ☐ College of Engineering, Science and Technology ☐ College of Humanities and Education ☐ College of Medicine, Nursing and Health Sciences								
C SCHOLARSHIP / SPONSORSHIP DETAILS								
☐ Private ☐ Sponsored		·	Sponsors Name if sponsored:  [Note: Please attach Sponsor Letter if sponsored]					
D ACADEMIC QUALIFICATIONS								
TERTIARY QUALIFICATIONS ATTAINED								
	alification Nai	me	Institution	Majors	Duration	GPA / Grade		
Bachelor degrees								
Master Degrees								
Other Qualifications								
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H APPLICANT DECLARATION						
I declare that to the best of my knowledge all information supplied with this application form is true and complete. I undertake to comply with the rules and regulations of the Fiji National University and I fully understand that making a						
false declaration is an offence under the law.	onal Oniversity and I fully understand that making a					
	Data					
Applicant's Signature:	Date:					
If you are a current FNU staff member please include your staff ID r	umber:					
Have you previously studied at, or applied to, the Fiji National Univer	ersity?					
No 🗆 Yes 🗀 (Please provide ID nur	nber on top left of page 1)					
I APPROVAL						
ADR Comments:						
Signature: Date:						
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K FOR OPVCR USE ONLY (Please tick the box)						
☐ Minimum Entry Requirement Met	☐ Supervisors Allocated					
$\square$ Application Vetted for the required details	☐ Document Filed					
J FOR ACADEMIC OFFICE USE ONLY (Please tick the box)						
☐ Data Entered into the University Academic Management System	☐ Student Notified ☐ Document Filed					
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L COMPLETED APPLICATION FORMS	(אוואו,עט) אוואו,עטן אוואו,עטן אוואו,עטן					
	or drapped off at the pagreet ENLL Campus listed helow:					
Completed application form(s) are to be mailed to the address below or dropped off at the nearest FNU Campus listed below:  Student Academic Services (Admissions)						
Fiji National University						
P.O. Box 7222 Nasinu						
Email: admission@fnu.ac.fj						
FNU CAMPUSES  Pa Campus   Derrick Campus   Samabula   Fiji Maritima Academy   Headless House   Koronivia Campus   Labasa Campus   Nadi						
Ba Campus  Derrick Campus, Samabula   Fiji Maritime Academy   Hoodless House  Koronivia Campus   Labasa Campus   Nadi Campus   Nasinu Campus   Natabua Campus						

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