

STUDENT ID NUMBER

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SAS 07B

Telephone: (679)33934000/(679)3381044

Website: www.fnu.ac.fj

APPEAL: RECONSIDERATION OF ASSESSMENT

This application is lodged with the College Academic Appeals Committee(CAAC) if dissatisfied with the outcome of the re-consideration of assessment/grade

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILS

Surname : _____

Other Names(s) : _____

First Name : _____

Date of Birth : _____

(DD/MM/YY)

FNU Student Email Address : _____

Work/ Personal Email Address : _____

Phone Contact(s) Mobile : _____

Landline : _____

Work : _____

Postal Address : _____

B APPEAL DETAILS

Year : _____

Block Number : _____

Summester Month : _____

Semester

1	2
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Trimester

1	2	3
---	---	---

Quarter

1	2	3	4
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Penster

1	2	3	4	5
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College : _____

Campus/Centre : _____

Programme Enrolled In : _____

Major 1 : _____ Major 2 : _____ Minor : _____

Unit / Course Code : _____

Unit / Course Name : _____

Appeal Result / Grade:	Date : (DD/MM/YY)	Level :	Stage :
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Student Signature (Student Name)

Date (DD/MM/YY)

Please fill this application form and email to exams@fnu.ac.fj