

STUDENT ID NUMBER

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SAS 07C

Telephone: (679)33934000/(679)3381044

Website: www.fnu.ac.fj

APPEAL: RECONSIDERATION OF ASSESSMENT

This application is lodged with the Students' Appeals Committee (SAC) if dissatisfied with the outcome of the College Academic Appeals Committee (CAAC) decision. The decision of the SAC shall be final.

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 : _____

Date : _____
(DD/MM/YY)

Level : _____

Stage : _____

Student Signature (Student Name)_____
Date (DD/MM/YY)**Please fill this application form and email to exams@fnu.ac.fj**