SAS 01B



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STLID	ENT ID NUMBER	www.mu.ac.ij					
0100	I I I I I I I I I I I I I I I I I I I						
APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMME							
Α.	-	nere applicable					
riue:	Fitle: Mr. Mrs. Miss. Ms. Ms.						
	ime:	,					
	ie:	Place of Birth:					
	lames:						
	s/Mother's Name:						
	ertificate Registration Number: Birth:	Passport Number:(Regional/International)					
Gender: Male Female		Attach a recent full face passport-size colour photograph, measuring 3.5cm x 4.5cm. It must be certified to be a true likeness of you.					
В.	PROGRAMME OF STUDY						
Voar:	Term Applied: Semester	Trimester					
As postgraduate level, FNU offers graduate certificates, postgraduate certificates and postgraduate diplomas in a range of specialisations. Graduate certificates are offered to students whose first degree is in a different discipline (whereas postgraduate certificates and postgraduate diplomas are in the same discipline as the first degree). 1. Programme:							
	flajor(s) (if applicable):						
2. P	leage tick the Level of Drogrammer						
	lease tick the Level of Programme: Postgraduate Diploma Programme ii) Masters	Programme by Courses					
1)	rosignaduate Dipioma Programme	Flogramme by Courses					
3. P	. Preferred Campus:						
4. P	Please tick the College that offers the programme you are applying for at FNU:						
	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						
	Please note that the Programmes listed in Section B 2(i) to 2(ii) above, the application(s) are submitted to the College Dean for assessing eligibility into the programme.						

C.	ADDRESS						
Postel Address							
Postal Address: Contact Person in case of Name:							
Email Address: (for e-mailing offer letter etc).					Name:		
Phone C	Contact: Mobile:	Landline:		······································	Relationship:		
Residen					Telephone:		
Address	5.			Residential Address:			
D.	FUNDING DETAILS				/ tudicoo.		
Private:	Sponsored	Sponsor's Name (if	sponsored):				
E.	ACADEMIC QUALIFICA						
SECONI	DARY QUALIFICATION(S	S) ATTAINED					
Last Sec	condary School Attended:						
	ation: Year 12 or Equiva				ear 13 or Equivalent		
				School Name:			
		Year:		Index Number:		Year:	
Subject			Mark	Subject			Mark
Jubject			Walk	Subject			IVIGIR
Total (E	nglish + 3 Best)			Total (English + 3 Best)			
E. (_	ACADEMIC QUALIFICA	ATIONS * Continued		(=::9::::			
TEDTIAL							
TERTIAL		INED:					Voor
	Qualifica	ation Title		Instit	ution	Year Started	Year Completed
			_				
F.	EMPLOYMENT EXPER	IENCE(S) * Details are required	to assess adm	ission eligibility in ab	sence of appropriate acad	emic background	
	Position			Organ	isation	Yea	rs
1							
G.	MEDICAL HISTORY/SP	ECIAL NEEDS					
Please	indicate whether you ha	ve any medical condition(s)	or major illne	ess(es) or any dis	abilities that FNU shou	ıld be aware of (at	tach medical
Please indicate whether you have any medical condition(s) or major illness(es) or any disabilities that FNU should be aware of (attach medical certificate and support letter from Special Schools and Disabled Peoples Organisations if applicable).							
Yes No No							
Provide details if your answer to G above is Yes:							
							······································
							

H. CHECKLIST CONFORMATION (please tick)	CHECKLIST CONFORMATION (please tick)					
The application will not be processed if the following photocopied and certified true copies of documents have not been attached:						
Birth Certificate	Passport Size Photo					
Secondary School Result(s)	Copy of Bio data page of passport (for Regional/International applicant)					
Tertiary Qualification Result(s) if applicable	Letter from Employer (if applicable)					
Tax identification Number(TIN) letter/FRCA Card	Medical Certificate and support letter from SECTION G (if applicable)					
I. APPLICANT'S DECLARATION						
 I declare to the best of my knowledge that all the information supplied with this application form is true and complete in all significant particulars. I authorise the Fiji National University to collect from, and disclose to appropriate third parties such information that it may require to establish and administer my account with the University. I undertake to comply with the rules and regulations of the Fiji National University. I fully understand that making a false declaration is an offence under the law. The University reserves the right to report the matter to the Police for any breach of National Law I confirm that I have read and understood FNU's Child Protection Policy and agree to comply with it. I understand that a breach of this Policy may provide grounds for my studentship with FNU to be terminated. I also understand that a breach of this Policy could result in criminal prosecution. I confirm my willingness to participate in FNU training sessions on Child Protection Policy. Please click on the link to view the Child Protection Policy: https://www.fnu.ac.fj/new/images/policies-regulations/FNU_Child_Protection_Policy.pdf						
Applicant's Signature: Date:						
(Typing your name is considered as signature in this form) DD/MM/YYYY						
L. COMPLETED APPLICATION FORMS						
The completed application form(s) are to be emailed to the email address below: Email: admission@fnu.ac.fj						

