

STUDENT ID NUMBER

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SAS 07A

Telephone: (679)339400

Website: www.fnu.ac.fj

APPLICATION FOR RECONSIDERATION OF ASSESSMENT

(This application is lodged when dissatisfied with the final (end-point) assessment/grade)

Please complete all sections of this form

Tick boxes where appropriate

A PERSONAL DETAILS

Surname : _____ FNU Student Email Address : _____
 Other : _____ Work / Personal Email Address : _____
 Name (s) : _____ Phone Contact(s) Mobile : _____
 First Name : _____ Landline : _____
 Date Of Birth : _____ Work : _____
 (DD/MM/YY) Postal Address : _____

B UNIT/COURSE ASSESSMENT DETAILS

Year : _____ Block Number : _____ Summester Month : _____

Semester	Trimester	Quarter									
<table border="1"> <tr> <td>1</td><td>2</td> </tr> </table>	1	2	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>	1	2	3	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4
1	2										
1	2	3									
1	2	3	4								

College : _____

Campus/Centre : _____

Programme Enrolled In : _____

Major 1 : _____ Major 2: _____ Minor: _____

Unit/Course Code : _____

Unit/Course Name : _____

RESULT : _____ DATE: _____ LEVEL : _____ STAGE: _____
 (DD/MM/YY)

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

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