

STUDENT ID NUMBER

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SAS 12

Telephone: (679)339400

Website: www.fnu.ac.fj

APPLICATION FORM FOR FINAL EXAMINATION SCRIPT(S)

(No access to exam scripts shall be permitted after 12 months of the release of results for any unit.)

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 FINAL EXAMINATION SCRIPT(S) DETAILS

Year : _____ Block Number : _____ Summester Month : _____

<u>Semester</u>	<u>Trimester</u>	<u>Quarter</u>									
<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
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1	2	3									
1	2	3	4								

College : _____

Campus/Centre : _____

Programme Enrolled In : _____

Major 1 : _____ Major 2: _____ Minor: _____

Unit/Course Code : _____

Unit/Course Name : _____

Date Of Exam : _____ (DD/MM/YY) Time Of Exam : _____ (HH/MM)

Student Signature : _____
(Student Name)

Date : _____
(DD/MM/YY)

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