

STUDENT ID NUMBER

10 empty boxes for student ID number



Website: www.fnu.ac.fj

SAS 10

APPLICATION FOR OFFICIAL LETTER

Please complete all sections of this form

Tick boxes where appropriate

A PERSONAL DETAILS

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

B PROGRAMME OF STUDY

Year : _____ Block / Section Number: _____

Semester	Trimester	Quarter	Penster
1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

College: _____
 Campus / Centre: _____
 Programme Enrolled in: _____
 Major 1 : _____ Minor : _____
 Major 2 : _____

C LETTER REQUESTED

Audit Letter <input type="checkbox"/>	Completion Letter <input type="checkbox"/>	Special Letter <input type="checkbox"/>
Bonafide Letter <input type="checkbox"/>	Course Description <input type="checkbox"/>	Verification Letter <input type="checkbox"/>
Certification Letter <input type="checkbox"/>	English Letter <input type="checkbox"/>	

Others Please Specify: _____

For Completion letter - please complete the Application for Graduation form.

For Certification / Verification Letter – please state the Date of Graduation: _____

NB For Course Descriptions – please attach copies of results of units undertaken for reference

Student Signature

Date (DD/MM/YY)

[Typing your name is considered as signature in this form]

Submit this completed form to: admission@fnu.ac.fj

Authorised By The University Registrar