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HIGHER DEGREE BY RESEARCH APPLICATION FOR ADMISSION FORM

Please complete All the	sections • Tick boxes where ap	pplicable		
A APPLICANT DETA	LS			
Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other		Gender: \square Male \square Female \square Prefer not to say		
First Name		Country of Citizenship		
Surname		Place of Birth		
Other Names		Province (Fiji)		
Father's / Mother's Name		Tax Identification Number		
Birth Registration Number		Passport Number:		
Date of Birth:		(Regional/International)		
	[DD/MM/YYYY]			
Postal Address:		Residential Address		
Phone Contact Work		Email Official		
Mobile		Personal		
Contact Person in case of	Emergency			
Name		Residential Address		
Relationship				
Telephone				
Email				
Ziliali				
B PROGRAMME OF S	STUDY			
Term Applied: ☐ Ser	nester 1 🗆 Semester 2	Year		
Mode of Study: ☐ Ful				
	sters by Research Programme			
Have you contacted a pot If yes, complete the	ential supervisor at FNU? \square No	□ Yes		
,	ntial supervisor 1	College		
ii) Name of pote	ntial supervisor 2	College		
iii) State your pro	posed research topic			

iv) Attach your research interest and/or plan up to 1,000 words

Select th	ne College in w	hich you wish	to undertake your rese	earch course:					
☐ College of Agriculture, Fisheries and Forestry ☐ College of Humanities and Education									
☐ College of Business, Hospitality, and Tourism Studies ☐ College of Medicine, Nursing and Health Sciences									
☐ Colleg	ge of Engineer	ing, Science ar	nd Technology	-	-				
C SC	HOLARSHIP	/ SPONSORS	HIP DETAILS						
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☐ Priv	vate 🗆] Sponsored	·	sors Name if sponsored: ase attach Sponsor Letter if sponsored)					
			•						
D ACADEMIC QUALIFICATIONS									
TERTIARY QUALIFICATIONS ATTAINED									
Qu	alification Na	me	Institution	Majors	Duration	GPA / Grade			
elor									
Bachelor degrees									
. 8									
Master Degrees									
≥ Ճ									
suo									
Other Qualifications									
Othe									
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E EN	MPLOYMENT	EXPERIENCE	(S) *Details are required to a	ssess admission eligibility in	absence of appropriate acac	demic background			
D	ate of		Position		Name of C				
Emp	loyment		Position	Name of Organisation		rganisation			
F SP	PECIAL NEED	OR SUPPORT	REQUIRED AS A COI	NSEQUENCE OF AN	IY DISABILITY OR M	EDICAL			
	ONDITION								
□ No	□ Vas – n	lease indicate	below (provide medica	Levidence)					
	□ Vision			Medical					
			ysical Other		_				
If you have	e ticked yes to ar	ny disability or hea	alth condition, would you lik	e to be contact FNU to di	scuss reasonable adjustme	ents to support your			
studies.					•				
☐ Yes	□ No								
G CH	HECKLIST								
Please che	ck and confirm t	hat the following	certified true copies docum	ents are attached. (Please	e tick the box)				
Please check and confirm that the following certified true copies documents are attached. (Please tick the box) □ Birth Certificate □ Passport Size Photo									
☐ Tertiary Qualification Transcripts ☐ Copy of Biodata page of passport (for Regional / International applicant)						ternational applicant)			
☐ Tax Identification Number (TIN) ☐ Research Interest (no more than 1,000 words)									

H APPLICANT DECLARATION
1. I declare that to the best of my knowledge all information supplied with this application form is true and complete. I undertake to comply with the rules and regulations of the Fiji National University and 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.
2. Iconfirm 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:
If you are a current FNU staff member please include your staff ID number:
Have you previously studied at, or applied to, the Fiji National University?
No
COMPLETED APPLICATION FORMS
The completed application form (s) are to be emailed to the email address below: Email: admission@fnu.ac.fj