

STUDENT ID NUMBER

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FIJINATIONAL UNIVERSITY

SAS 18

Website: www.fnu.ac.fj

SPECIAL NEEDS EXAMINATION REQUEST FORM

[Refer to UASR Part V, Section 17.0]

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 : _____

B PROGRAMME OF STUDY

Year: _____

Semester

1 2

Trimester

1 2 3

Quarter

1 2 3 4

College : _____

Campus/Centre : _____

Programme enrolled in : _____

Major 1: _____ Major 2: _____

Minor: _____

C SPECIAL NEED DETAILS

Describe the Special Need(s)

Evidence (Attach supporting documents from relevant Authorities such as Medical report etc)

Student Signature

Date (DD/MM/YY)

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

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

Authorised By The University Registrar