STUDENT ID NUMBER	FNU FIJI NATIONAL UNIVERSITY
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	Website: <u>www.fnu.ac.fi</u>

**SAS 11** 

	APPLICATION FOR SEARCH OF RECORDS						
	Please complete all sections of this form		Tick boxes whe	ere appropriate			
Α	PERSONAL DETAILS						
	Surname :		_Official Student Email :	:			
	Other Name(s):		_Work / Personal Email	: <u></u>			
	First Name :		Phone Contact(s)	Mobile:			
	Date of Birth:		_	Home:			
	(DD/MM/YY)		– Postal Address:				
В	PROGRAMME / COURSE SEARCH DETA	ILS					
	School / Department:		Camp	ous / Centre:			
	Year(s) of Study:						
	Start Year		End Year	_			
	Programme of Study:						
	Courses Done in Semester(s): 1	2 🔲					
	Courses Done in Stage(s) 1	2 🔲	3 4	5 6			
	Search - Year 2000 above records		Search - Year 1980 abo	ove records			
	Search - Year 1990 above records		Search - Year 1970 abo	ove records			
	If graduated, please state the Graduation Da	ate:		(DD/MM/YY)			
	Student Signature  [Typing your name is considered as signature in	this form]	D	Date (DD/MM/YY)			
	Submit this completed form to: qualification	n.verificatio		uthorised By The University Registrar			