SAS 01B



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STU	JDENT	Γ ID NUM	BER							_			
A	PP	LIC	ATIC	NC	FO	R A	DN	IISS	SIO	N TO POSTGRADUATE PROGRAMME			
	P	Please c	omplete	all the	e secti	ons		Tic	ck box	xes where applicable			
Α.	PERSONAL DETAILS												
Title	Title: Mr. Mrs. Miss. Ms.												
First	First Name: Country of Citizenship:								Country of Citizenship:				
Surna	ame:	.								Place of Birth:			
Othe	r Nam	ies:								Province (Fiji):			
Fathe	er's/M	other's N	Name:							Tax Identification Number (TIN):			
Birth Certificate Registration Number: Date of Birth:										Passport Number:			
Gender: Male Female										Attach a recent full face passport-size colour photograph, measuring 3.5cm x 4.5cm. It must be certified to be a true likeness of you.			
В.	Р	ROGRA	ммео	F STUI	DY								
Year:Term Applied: Semester Trimester As postgraduate level, FNU offers graduate certificates, postgraduate certificates and postgraduate diplomas in a range of specialisations. Graduate certificates are offered to students whose first degree is in a different discipline (whereas postgraduate certificates and postgraduate diplomas are in the same discipline as the first degree).													
1.	Prog	gramme	:										
	Major(s) (if applicable):												
2.	Plea	se tick t	he Leve	el of Pr	ogran	nme:							
	i) Postgraduate Diploma Programme ii) Masters Programme by Courses												
3.	Preferred Campus:												
4.	Plea	Please tick the College that offers the programme you are applying for at FNU:											
		College of Agriculture, Fisheries and Forestry											
		College of Business, Hospitality and Tourism Studies											
		College of Engineering, Science and Technology											
		College of Humanities and Education											
		College of Medicine, Nursing and Health Sciences											
5.	. Please note that the Programmes listed in Section B 2(i) to 2(ii) above, the application(s) are submitted to the College Dean for assessing eligibility into the programme.												

C.	ADDRESS						
Postal Address: Contact Person in case of Emergency							
Email Address: (for e-mailing offer letter etc).							
Phone C	Contact: Mobile:	Landline:		<u>.</u>	Relationship:		
Residential Telephone:							······
Address	S :		Residential Address:				
D	FUNDING DETAILS			······	Address.		
D.	- FUNDING DETAILS						
Private:	Sponsored	Sponsor's Name (if	sponsored):				
E.	ACADEMIC QUALIFICA	ATIONS					
SECONI	DARY QUALIFICATION(S	S) ATTAINED					
Last Sec	condary School Attended:						
	· · · · · · · · · · · · · · · · · · ·			1			
	ation: Year 12 or Equiva			Qualification: Year 13 or Equivalent			
				School Name:			
		Year:		Index Number:Year:			
Subject			Mark	Subject			Mark
Total (E	nglish + 3 Best)			Total (English +	· 3 Best)		
E.	ACADEMIC QUALIFICA	ATIONS * Continued					
TERTIA	RY EDUCATION(S) ATTA	INED:					
		ation Title			ution	Year Started	Year
	Qualifica	auon nue		111300	duon	Teal Started	Completed
F.	EMPLOYMENT EXPER	IENCE(S) * Details are required	to assess adm	ission eligibility in ab	sence of appropriate acad	emic background	
	Position			Organ	isation	Yea	rs
G.	MEDICAL HISTORY/SP	ECIAL NEEDS					
Please indicate whether you have any medical condition(s) or major illness(es) or any disabilities that FNU should be aware of (attach medical certificate and support letter from Special Schools and Disabled Peoples Organisations if applicable).							
Yes No No							
Provide details if your answer to G above is Yes:							

H.	CHECKLIST CONFORMATION (please tick)							
The application will not be processed if the following photocopied and certified true copies of documents have not been attached:								
В	irth Certificate	Passport Size Photo						
S	econdary School Result(s)	Copy of Bio data page of passport (for Regional/International applicant)						
Te	ertiary Qualification Result(s) if applicable	Letter from Employer (if applicable)						
Ta	ax identification Number(TIN) letter/FRCA Card	Medical Certificate and support letter from SECTION G (if applicable)						
I.	APPLICANT'S DECLARATION							
aut adr ma 2. I co gro will	 I declare to the best of my knowledge that all the information supplied with this application form is true and complete in all significant particulars. I authorise the Fiji National University to collect from, and disclose to appropriate third parties such information that it may require to establish and administer my account with the University. I undertake to comply with the rules and regulations of the Fiji National University. 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 I confirm 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: (Typing your name is considered as signature in this form) Date: DD/MM/YYYY								
L.	COMPLETED APPLICATION FORMS							
	The completed application form(s) are to be emailed to the email address below: Email: admission@fnu.ac.fj							

