SAS 01A



STUDENT ID NUMBER										

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## APPLICATION FOR ADMISSION TO UNDERGRADUATE PROGRAMME

Please complete All the sections     Tick boxes where applicable								
A. PERSONAL DETAILS								
Title: Mr. Mrs.	Miss. Ms.							
First Name:		Country of Citizenship:						
Surname:								
Other Names:								
Father's/Mother's Name:			Province (Fiji):  Tax Identification Number (TIN):					
Birth Certificate Registration Numl			Passport Number:					
Date of Birth:		/ / / /	egional/Interr	national)			······································	
Gender: Male Female	_	Att				ohotograph, measurir	ıg 3.5cm x	
B. PROGRAMME OF STU		4.5	cm. it must	be certified	to be a true likenes	s or you.		
Year:	Term Applied for: S	emester Quarte	r Su	ımmer	Trimester			
Undergraduate Programme	Other(please specify)	):						
Programme		Major 1	Major	2	Minor	Preferred Car	npus	
1.								
2.								
3.								
C. ADDRESS								
Postal Address:					Person in case of			
Email Address: (for e-mailing offer I	letter etc).		Name:					
Residential Address:			Relationship: Telephone:					
Phone Contact: Mobile:								
D. FUNDING DETAILS								
Private Sponsored	Sponsor's Name	(if sponsored):						
E. ACADEMIC QUALIFIC	ATIONS							
SECONDARY QUALIFICATION(S	3) ATTAINED							
Last Secondary School Attended:								
Highest Secondary Qualification:						at School:		
Qualification: Year 10 or Equiva	lent Quali	fication: Year 12 or E	or Equivalent Qualification: Year 13 or Equivalent					
School Name:	nool Name:			School Name:				
Index Number: Yea	ar: Index	Number:	Year:		Index Number:	Year:		
Subject	Mark Subje	ct	N	1ark	Subject		Mark	
Total (English + 5 Best)	Total	(Fnglish + 3 Rest)			Total (English + 3	Rest)		

E. ACADEMIC QUALIFICATIONS Continued								
TERTIARY QUALIFICATION(S) ATTAINED:								
Qualification Title		Institution		Year Started	Year Completed			
F. EMPLOYMENT EXPERIENCE(S) Deta	ils are re	quired to access admission eligibility in abs	ence of app	ropriate academ	nic background			
Position	Organis	anisation			Years			
G. MEDICAL HISTORY/SPECIAL NEEDS	3							
Please indicate whether you have any medical con-		or major illness (es) or any disabilities that F	-NI I should	he aware of				
(attach medical certificate and support letter from S	` '	, , ,						
YES NO								
	!=! == ==:		4 4 h T	::: Notional II	ladi sa waddi si			
Provide details if Yes and specify the spec	iai requ	irements you will need while study!	ng at the r	-iji Nationai U	iniversity:			
					······································			
H. CHECKLIST CONFIRMATION (Please Tick)								
The application will not be processed if the following	_	ppied and certified true copies of documents	s have not b	een attached:				
Birth Certificate	Pa	ssport Size Photo	Seco	ndary School Re	esult(s)			
Copy of Bio data page of passpoi (for regional/International Applicants)	Те	rtiary Qualification Result(s) (If Applicable)	Lette	r from Employer	(If Applicable)			
Tax Identification Number (TIN) Letter/ FRCA Card		edical Certificate and support letter from ECTION G (If Applicable)		avit of Parental 0				
Please click on the link to access Affidavit of Parental Consent Form: https://www.fnu.ac.fj/new/images/sasforms/Affidavit_of_Parental_Consent.pdf								
I. APPLICANT'S DECLARATION								
1. 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.								
2. 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:	Date	Date:						
(Typing your name is considered as signature in this for	11)			איטט/MIM/YYYY				
J. COMPLETED APPLICATION FORMS								
The completed application form (s) are to be emailed to the email address below:  Email: admission@fnu.ac.fj								