

SAS 01D

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HIGHER DEGREE BY RESEARCH APPLICATION FORM

PLEASE USE BLOCK LETTERS

TICK BOXES WHERE APPLICABLE

A APPLICANT DETAILS						
Title: ☐ Mr ☐ Mrs ☐ Miss	☐ Ms Other	Gender: ☐ Male ☐ Female ☐ 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						
B PROGRAMME OF STUD	PΥ					
Year of Study:	Month:	(HDR programmes are annual)				
Mode of Study: ☐ Full Ti Programme: ☐ Maste						
Programme:						
State your proposed research topic:						
Attach your research interest and/or plan (up to 1,000 words)						
Attach your research interest and/or plan (up to 1,000 words)						

Select the	College in wh	nich you w	ish to undertake your i	research:				
☐ 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								
C SCH	OLARSHIP /	' SPONSO	RSHIP DETAILS					
☐ Private ☐ Sponsored Sponsors name if sponsored:								
D ACADEMIC QUALIFICATIONS								
	QUALIFICA					1 2		
	lification Nan	ne	Institution		Majors	Duration	GPA / Grade	
Bachelors degree/s								
Masters Degree/s								
Other Qualifications								
•		•		•				
E EMP	PLOYMENT	EXPERIEN	ICE(S) *Details are required	to assess admission elig	ibility in absence of	appropriate academic b	ackground	
Date of Employment			Position			Name of Organisation		
F SPECIAL NEED OR SUPPORT REQUIRED AS A CONSEQUENCE OF ANY DISABILITY OR MEDICAL CONDITION No Yes – please indicate below with medical evidence Vision Hearing Learning Medical Mental Health Physical Other								
Please contact the Academic Office at FNU to discuss reasonable adjustments to support your studies.								
G CHE	CKLIST							
Please sub	mit certified	true copie	s of the following:					
\square Tertiary Qualification Transcripts \square Cop				essport Size Photo opy of Biodata page of passport (for Regional / International applicant) esearch Interest (no more than 1,000 words)				

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H APPLICANT DECLARATION						
·	ation supplied with this application form is true and complete. In the Fiji National University and I fully understand that making a false					
Applicant's Signature:	Date:					
If you are a current FNU staff member please include yo	ur staff ID number:					
If you have previously studied at FNU please provide your student ID number:						
L COR OFFICE OF THE BRO VICE CHANCELLOR I	ICE ONLY					
I FOR OFFICE OF THE PRO VICE CHANCELLOR L	DSE ONLY					
☐ Minimum Entry Requirement Met	☐ Application vetted for the required details					
Supervisors Allocated:	College:					
	College:					
J APPROVAL						
Doan's Comment:						
Dean's comment.						
Signature:	Date:					
PVCR Comment:						
Signature:	Date:					
K FOR ACADEMIC OFFICE USE ONLY						
☐ Data Entered into the University Academic Manageme	ent System Student Notified Document Filed					
Processed by	Date: (DD/MM/YYYY)					
L COMPLETED APPLICATION FORMS						
	address below or dropped off at the nearest FNU Campus listed below:					
	emic Services (Admissions)					
Fiji National University P.O. Box 7222						
Nasinu Or						
Email: admission@fnu.ac.fj						
FI	NU CAMPUSES					
	emy Hoodless House Koronivia Campus Labasa Campus Nadi Campus ampus Natabua Campus					

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