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| **HIGHER DEGREE BY RESEARCH APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE USE BLOCK LETTERS TICK BOXES WHERE APPLICABLE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** | | **APPLICANT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
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| 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:  (Regional/International) | | | | |  | | | |
| Date of Birth: | | | | | | |  | | | | | | | | | |  | | | | |  | | | |
|  | | | | | | | *[DD/MM/YYYY]* | | | | | | | | | |  | | | | |  | | | |
| Postal Address: | | | | | | |  | | | | | | | | | | Residential Address | | | | |  | | | |
| **Phone Contact** | | | | | | |  | | | | | | | | | | **Email** | | | | |  | | | |
| Work | | | | | | |  | | | | | | | | | | Official | | | | |  | | | |
| Mobile | | | | | | |  | | | | | | | | | | Personal | | | | |  | | | |
| **Contact Person in case of Emergency** | | | | | | | | | | | | | | | | |  | | | | |  | | | |
| Name | | | | | | |  | | | | | | | | | | Residential Address | | | | |  | | | |
| Relationship | | | | | | |  | | | | | | | | | |  | | | | |
| Telephone | | | | | | |  | | | | | | | | | |  | | | | |
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| **B** | **PROGRAMME OF STUDY** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Year of Study: | | | | |  | | | | | | | Month: (HDR programmes are annual) | | | | | | | | | | | | | |
| Mode of Study: | | | | | Full Time  Part Time | | | | | | | | | | | | | | | | | | | | |
| Programme: | | | | | Masters by Research  Doctor of Philosophy | | | | | | | | | | | | | | | | | | | | |
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| State your proposed research topic: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attach your research interest and/or plan (up to 1,000 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select the College in which you wish to undertake your 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 | | | | | | | | | | |
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| **C** | | **SCHOLARSHIP / SPONSORSHIP DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
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| Private  Sponsored | | | | | | | | | Sponsors name if sponsored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| *[Note: Please attach Sponsor Letter if sponsored]* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **D** | | **ACADEMIC QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | |
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| **TERTIARY QUALIFICATIONS ATTAINED** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualification Name | | | | | | | | Institution | | | | | | | | Majors | | | | | Duration | | | GPA / Grade | |
| Bachelors degree/s | | |  | | | | |  | | | | | | | |  | | | | |  | | |  | |
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| Masters Degree/s | | |  | | | | |  | | | | | | | |  | | | | |  | | |  | |
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| Other Qualifications | | |  | | | | |  | | | | | | | |  | | | | |  | | |  | |
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| **E** | | **EMPLOYMENT EXPERIENCE(S) \*Details are required to assess admission eligibility in absence of appropriate academic background** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date of Employment** | | | | | | **Position** | | | | | | | | | | | | | | **Name of Organisation** | | | | | |
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| **F** | | **SPECIAL NEED OR SUPPORT REQUIRED AS A CONSEQUENCE OF ANY DISABILITY OR MEDICAL CONDITION** | | | | | | | | | | | | | | | | | | | | | | | |
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| No | | | | Yes – please indicate below with medical evidence | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Vision  Hearing  Learning  Medical | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Mental Health  Physical  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
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| Please contact the Academic Office at FNU to discuss reasonable adjustments to support your studies. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **G** | | **CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | |
| Please submit certified true copies of the following: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Certificate | | | | | | | | | | | | | | Passport Size Photo | | | | | | | | | | | |
| Tertiary Qualification Transcripts | | | | | | | | | | | | | | Copy of Biodata page of passport *(for Regional / International applicant)* | | | | | | | | | | | |
| Tax Identification Number (TIN) | | | | | | | | | | | | | | Research Interest (no more than 1,000 words) | | | | | | | | | | | |
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| **H** | | **APPLICANT DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that to the best of my knowledge all information supplied with this application form is true and complete. I undertake to comply with the rules and regulations of the Fiji National University and I fully understand that making a false declaration is an offense under the law.  **Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you are a current FNU staff member please include your staff ID number: | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have previously studied at FNU please provide your student ID number: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **I** | | **FOR OFFICE OF THE PRO VICE CHANCELLOR USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  | | --- | --- | | Minimum Entry Requirement Met | Application vetted for the required details | | Supervisors Allocated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **J** | | **APPROVAL** | | | | | | | | | | | | | | | | | | | | | | | |
| **Dean’s Comment:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **K** | | **FOR ACADEMIC OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | |
| Data Entered into the University Academic Management System  Student Notified  Document Filed | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name Signature (DD/MM/YYYY)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **L** | | **COMPLETED APPLICATION FORMS** | | | | | | | | | | | | | | | | | | | | | | | |
| Completed application form(s) are to be mailed to the address below or dropped off at the nearest FNU Campus listed below:  **Student Academic Services (Admissions)**  **Fiji National University**  **P.O. Box 7222**  **Nasinu**  **Or**  **Email:** [**admission@fnu.ac.fj**](mailto:admission@fnu.ac.fj) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FNU CAMPUSES** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ba Campus| Derrick Campus, Samabula | Fiji Maritime Academy | Hoodless House| Koronivia Campus | Labasa Campus | Nadi Campus | Nasinu Campus | Natabua Campus | | | | | | | | | | | | | | | | | | | | | | | | | |