

STUDENT ID NUMBER

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FNU FIJI NATIONAL UNIVERSITY

P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000 Website: www.fnu.ac.fj

SAS 17

APPLICATION FOR

[Please Tick] AEGROTAT PASS COMPASSIONATE PASS SPECIAL EXAMINATION

[This form is to be used ONLY by students who have missed the end-point examination.]

Student ID Number:.....Student Name: Campus:

Contact: Phone Email:.....

College:School:..... Year:

Programme Name: Course Code: Course Name:

Student Signature:.....

Date of Exam Missed: _____
(DD/MM/YY)

Time of Exam: _____
(HH/MM)

Specify Reason(S) For Not Sitting Exam:

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(Please attach all supporting documents (medical certificate(s), death certificate, etc) before submission to the College Examination Board for consideration.)

1. LECTURER / Course Coordinator Signature:	Date: (DD/MM/YY)	Stamp:
Decision By College Examination Board		
.....		
2. HOS/HOD Signature:	Date: (DD/MM/YY)	Stamp:
3. DEAN'S Signature:	Date: (DD/MM/YY)	Stamp:
4. Student Academic Services:		
Examination Office Staff Signature:	Date: (DD/MM/YY)	Stamp: