

STUDENT ID NUMBER

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SAS 22

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

APPLICATION FOR SUPPLEMENTARY ASSESSMENT

[This form is to be used ONLY by students who have scored a grade of DNQ or D+ with their total mark greater than 45% in a unit]

A PERSONAL DETAILS

Surname: _____ First Name: _____

Other Name(s): _____ Date of Birth: _____
(DD/MM/YY)

B PROGRAMME OF STUDY

College: _____ Campus: _____
Programme Enrolled In: Major 1 Major 2 Minor

C UNIT(S) DETAILS

Course Code	Course Name	Last Attempted		Current Term	
		Year	Term	Year	Term (please specify)

Student Signature _____

Date (DD/YY/MM) _____

D FOR OFFICIAL USE ONLY

1. LECTURER INCHARGE / COURSE COORDINATOR TO VERIFY SUPPLEMENTARY ASSESSMENT DETAILS

A. Grade Verification [Please Tick options]	B. Type Of Assessment Offered To Student [Please Tick options]	LECTURER IN-CHARGE/COURSE COORDINATOR
i. Student scored more than 45% and less than 50% in a course <input type="checkbox"/> Or ii. Student received a DNQ grade of total marks of 50% or more <input type="checkbox"/>	i. Exam <input type="checkbox"/> ii. Others form of assessment <input type="checkbox"/> (Details to be provided to student)	Signature: Date: (DD/MM/YY)
2. HOS/HOD Signature:	Date: (DD/MM/YY)	Stamp:
3. DEAN Signature:	Date: (DD/MM/YY)	Stamp:

4. FINANCE DEPARTMENT

Amount Paid: \$ _____

Receipt Number: _____

Finance Processing Officer:	Date: (DD/MM/YY)	Stamp:
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5. STUDENT ACADEMIC SERVICES

Examination Section:	Date: (DD/MM/YY)	Stamp:
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- Student to submit application to Student Academic Service and take a copy with them.