STUDENT ID NUMBER	
	(FNUFIJI NATIONAL UNIVERSITY
	Website: www.fnu.ac.fj

**SAS 02** 

	JDENT ENROLMENT FORM ONLY IF YOU ARE UNABLE TO DO ONLINE ENROLMENT
Please complete all sections of this form.	Tick boxes where appropri
PERSONAL DETAILS	
Surname :	Official Student Email:
Other Name(s) :	Work / Personal Email :
First Name :	Phone Contact(s) Mobile :
Date of Birth :	Home :
Private Student   Local	nt Postal Address:
	nternational Student
Name of Sponsor (if sponsored)	
PROGRAMME OF STUDY	
	C. W. W. A. Oll. T.
Year: Summer Short Course Sem	Specify if Any Other Term:  Trimester Quarter HDR
College :	
Campus/Centre :	
Programme enrolled in :	
Major 1:	Major 2:
Minor:	
UNIT(S) / COURSE(S) OFFERED	
	nto the units according to the correct <u>Programme Structure</u> ne following link: https://www.fnu.ac.fj/student/programmes/
	details (Please provide details below for unit / course Enrolment)
Unit/Course Code:	Unit/Course Name:
<u> </u>	
I declare to the book of accidental and a	a information annulised with this analysis from interest and annulate in 11 to 17
particulars. I authorize the Fiji National Un require to establish and administer my acc	e information supplied with this application form is true and complete in all significant ty to collect from, and disclose to appropriate third parties such information that it may with the University. I undertake to comply with the rules and regulations of the Fiji in Policy. I fully understand that making a false declaration is an offence under the law.
To Access Child Protection Policy,	n the following Link: https://www.fnu.ac.fj/wp-content/uploads/2020/04/FNU Child Protection Policy.pdf
Student   Typing your name is co	ture Date (DD/MM/YY)  red as signature in this form]
Submit this completed form to: manualre	

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SCHOOL / DEPARTMENT - FOR OFFICIAL USE ONLY (Please Tick Boxes Where Applicable)		
Application Vetted		
HOS / HOD	Higher Research Students Dean's Approval	
Name:	Name:	
Signature:	Signature:	
Date: (DD/MM/YY)	Date: (DD/MM/YY)	
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