

STUDENT ID NUMBER

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FNU FIJI NATIONAL UNIVERSITY

Website: www.fnu.ac.fj

SAS 24

Request for Support of Repeating Unit(s)

This to accompany the TSLS Application for Funding of Repeat Unit form

Please complete all sections of this form

Tick boxes where appropriate

A PERSONAL DETAILS

Surname : _____ Official Student Email : _____
 Other Name(s) : _____ Work / Personal Email : _____
 First Name : _____ Phone Contact(s) : _____
 Date of Birth: _____

B PROGRAMME OF STUDY

Study Term

Semester Trimester Quarter Summer
 1 2 1 2 3 1 2 3 4

College : _____
 Campus/Centre : _____
 Programme enrolled in : _____
 Major 1: _____ Major 2: _____

C REPEATING UNITS/COURSES DETAILS

Unit / Course details (Please provide details below for repeating unit / course(s))

Term Unit/Course was Attempted	Unit/Course Code:	Unit/Course Name:

 Student Signature

 Date (DD/MM/YY)

[Typing your name is considered as signature]

D SCHOOL/DEPARTMENT COMMENTS - FOR OFFICIAL USE ONLY

Comments/Evidence *(Please attach necessary evidence)* :

 Staff Name

 Staff Designation

 Email

 Staff Signature & Stamp

 Date (DD/MM/YY)

Authorised By The University Registrar