

**GRADUATE STUDIES APPLICATION FORM**

PLEASE USE BLOCK LETTERS

TICK BOXES WHERE APPLICABLE

**A APPLICANT DETAILS**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
First Name <input type="text"/>	Country of Citizenship <input type="text"/>
Surname <input type="text"/>	Place of Birth <input type="text"/>
Other Names <input type="text"/>	Province (Fiji) <input type="text"/>
Father's / Mother's Name <input type="text"/>	Tax Identification Number <input type="text"/>
Birth Registration Number <input type="text"/>	Passport Number: <input type="text"/>
Date of Birth: <input type="text"/>	(Regional/International)
Postal Address: <input type="text"/>	Residential Address <input type="text"/>
<b>Phone Contact</b>	<b>Email</b>
Work <input type="text"/>	Official <input type="text"/>
Mobile <input type="text"/>	Personal <input type="text"/>
<b>Contact Person in case of Emergency</b>	
Name <input type="text"/>	Residential Address <input type="text"/>
Relationship <input type="text"/>	
Telephone <input type="text"/>	
Email <input type="text"/>	

**B PROGRAMME OF STUDY**

Year of Study: <input type="text"/>	(Graduate programmes are annually based)
Mode of Study: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Programme: <input type="checkbox"/> Master by Research <input type="checkbox"/> Doctor of Philosophy	

State your proposed research topic:

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 & Technical Vocational Education & Training
- College of Humanities and Education  
 College of Medicine, Nursing and Health Sciences

### C SCHOLARSHIP / SPONSORSHIP DETAILS

- Private       Sponsored      Sponsors name if sponsored: \_\_\_\_  
*[Note: Please attach Sponsor Letter if sponsored]*

### D ACADEMIC QUALIFICATIONS

#### TERTIARY QUALIFICATIONS ATTAINED

	Qualification Name	Institution	Majors	Duration	GPA / Grade
Bachelors degree/s					
Masters Degree/s					
Other Qualifications					

### E EMPLOYMENT EXPERIENCE(S) \*Details are required to assess admission eligibility in absence of appropriate academic background

Date of Employment	Position	Name of Organisation

### F SPECIAL NEED OR SUPPORT REQUIRED AS A CONSEQUENCE OF ANY DISABILITY OR MEDICAL CONDITION

- No       Yes – please indicate below with medical evidence  
 Vision       Hearing       Learning       Medical  
 Mental Health       Physical       Other [Click here to enter text.](#) \_\_\_\_\_

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)

### 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:** \_\_\_\_\_

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:

**I FOR CENTRE FOR GRADUATE STUDIES USE ONLY**

Minimum Entry Requirement Met

Application vetted for the required details

Supervisors Allocated:

College:   
College:

**J APPROVAL**

**CGS Director Comment:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CGS Dean Comment:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**K FOR ACADEMIC OFFICE USE ONLY**

Data Entered into the University Academic Management System

Student Notified

Document Filed

Processed by \_\_\_\_\_  
*Name*

\_\_\_\_\_   
*Signature*

Date: \_\_\_\_\_  
*(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)**

**FNU CAMPUSES**

Ba Campus | Derrick Campus, Samabula | Fiji Maritime Academy | Hoodless House | Koronivia Campus | Labasa Campus | Nadi Campus  
| Nasinu Campus | Natabua Campus