

[illegible]

FIJI NATIONAL UNIVERSITY

SAS 02

USE THIS FORM ONLY IF YOU ARE UNABLE TO DO ONLINE ENROLMENT

Tick boxes where appropriate.

Surname : _____ Other Name(s) : _____ First Name : _____ Date of Birth : _____ <div style="text-align: center;">(DD/MM/YY)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Private Student </div> <div style="width: 45%;"> <input type="checkbox"/> Local Student </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sponsored Student </div> <div style="width: 45%;"> <input type="checkbox"/> Regional/International Student </div> </div> Name of Sponsor (if sponsored) _____	Official Student Email: _____ Work / Personal Email : _____ Phone Contact(s) Mobile : _____ Home : _____ Postal Address: _____ _____ _____
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Year:		Specify if Any Other Term:	
Summer	Short Course	Semester	Quarter
<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	GS Term
			1 <input type="checkbox"/> 2 <input type="checkbox"/>

College : _____

Campus/Centre : _____

Programme enrolled in : _____

Major 1: _____ Major 2: _____

Minor: _____

Students are to ensure that they are enrolling into the units according to the correct Programme Structure.
To access your programme structure, click on the following link: <https://www.fnu.ac.fj/student/programmes/>

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Date (DD/MM/YY)

Authorised By The University Registrar

STUDENT ID NUMBER

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FIJI NATIONAL UNIVERSITY

Website: www.fnu.ac.fj

OFFICIAL USE WITH STUDENT ENROLMENT FORM SAS 02

SCHOOL / DEPARTMENT - FOR OFFICIAL USE ONLY *(Please Tick Boxes Where Applicable)*

Application Vetted

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HOS / HOD

Name:

Signature:

Date:

(DD/MM/YY)

Graduate School Students

Dean's Approval

Name:

Signature:

Date:

(DD/MM/YY)

FOR ACADEMIC OFFICE USE ONLY *(Please Tick Boxes Where Applicable)*

Data Entered

☐

Processed By:

Signature:

Date:

(DD/MM/YY)

Documents Submitted For Recording

☐

Authorised By The University Registrar