

## APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMME

Please complete All the sections

Please Use Block Letters

Tick boxes where applicable

**A. PERSONAL DETAILS**
Title: Mr.  Mrs.  Miss. 

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Father's/Mother's Name: \_\_\_\_\_

Birth Certificate Registration Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
[DD/MM/YYYY]Sex: Male  Female 

Country of Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Province(Fiji): \_\_\_\_\_

Tax Identification

Number(TIN): \_\_\_\_\_

Passport Number: \_\_\_\_\_

(Regional/International)

Please place a photograph in an envelope and attach it here.

Print your name at the back of the photograph.

**B. PROGRAMME OF STUDY**
Year: \_\_\_\_\_ Term Applied: Semester  Trimester 

As postgraduate level, FNU offers graduate certificates, postgraduate certificates and postgraduate diplomas in a range of specialisations. Graduate certificates are offered to students whose first degree is in a different discipline (whereas postgraduate certificates and postgraduate diplomas are in the same discipline as the first degree).

1. Programme: \_\_\_\_\_ Major(s) (if applicable): \_\_\_\_\_

2. Please tick the Level of Programme:

i) Postgraduate Certificate Programme iv) Masters Programme by Thesis ii) Postgraduate Diploma Programme v) Master of Philosophy iii) Masters Programme by Courses vi) Doctorate Degree 

3. Please tick the College that offers the programme you are applying for at FNU:

 College of Agriculture, Fisheries and Forestry College of Business, Hospitality and Tourism Studies College of Engineering, Science and Technology College of Humanities and Education College of Medicine, Nursing and Health Sciences4. Please note that the **Programmes listed in Section B 2(i) to 2(iii)** above, the application(s) are submitted to the College Dean for assessing eligibility into the programme.5. Please note that for **Programmes listed in Section B 2(iv) to 2(vi)** above:a. Handbook for Research Programmes available on the FNU Website at [www.fnu.ac.fj](http://www.fnu.ac.fj) is applicable.

b. Letter of Support from Research Supervisor (Form SAS 27) needs to be provided.

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|---|--|--|--|--|----------------|
| <b>C.</b>   | <b>ADDRESS</b>   |  |  |  |                |
| Postal Address:<br>_____<br>_____<br>_____  |  | Email Address<br>(For e-mailing offer letter etc):<br>_____<br>_____ |  | Contact Person in case of Emergency:<br>Name: _____<br>Relationship: _____<br>Telephone: _____<br>Residential Address: _____ |                |
| Residential Address:<br>_____<br>_____  |  |  | Phone Contact:<br>Mobile: _____<br>Landline: _____ |  |                |
| <b>D.</b>   | <b>FUNDING DETAILS</b>   |  |  |  |                |
| Private: <input type="checkbox"/>   |  | Sponsored <input type="checkbox"/>                                   |  | Sponsor's Name (if sponsored): _____   |                |
| <b>E.</b>   | <b>ACADEMIC QUALIFICATIONS</b>   |  |  |  |                |
| SECONDARY QUALIFICATION(S) ATTAINED   |  |  |  |  |                |
| Last Secondary School Attended: _____   |  | Highest Secondary Qualification: _____                               |  |  |                |
| Last Year at School: _____  |  |  |  |  |                |
| Qualification: <b><u>Year 10 or Equivalent</u></b>  |  | Qualification: <b><u>Year 12 or Equivalent</u></b>                   |  | Qualification: <b><u>Year 13 or Equivalent</u></b>   |                |
| School Name: _____  |  | School Name: _____   |  | School Name: _____   |                |
| Index Number: _____   |  | Index Number: _____  |  | Index Number: _____  |                |
| Year: _____   |  | Year: _____  |  | Year: _____  |                |
| Subject   | Mark   | Subject  | Mark   | Subject  | Mark           |
|   |  |  |  |  |                |
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| Total (English + 5 Best)  |  | Total (English + 3 Best)   |  | Total (English + 3 Best)   |                |
| <b>E.</b>   | <b>ACADEMIC QUALIFICATIONS * Continued</b>   |  |  |  |                |
| TERTIARY EDUCATION(S) ATTAINED  |  |  |  |  |                |
| Qualification Title   |  | Institution  |  | Year Started   | Year Completed |
|   |  |  |  |  |                |
|   |  |  |  |  |                |
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| <b>F.</b>   | <b>EMPLOYMENT EXPERIENCE(S) * Details are required to assess admission eligibility in absence of appropriate academic background</b> |  |  |  |                |
| Position  |  | Organisation   |  | Years  |                |
|   |  |  |  |  |                |
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|   |  |  |  |  |                |
| <b>G.</b>   | <b>MEDICAL HISTORY/SPECIAL NEEDS</b>   |  |  |  |                |
| Please indicate whether you have any medical condition(s) or major illness(es) or any disabilities that FNU should be aware of (attach medical certificate and support letter from Special Schools and Disabled Peoples Organisations if applicable). |  |  |  |  |                |
| Yes <input type="checkbox"/>  |  | No <input type="checkbox"/>  |  |  |                |
| Provide details if your answer to G above is Yes:   |  |  |  |  |                |
|   |  |  |  |  |                |
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**H. CHECKLIST CONFORMATION** (please tick)

The application will not be processed if the following photocopied and certified true copies of documents have not been attached:

|  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate                               | <input type="checkbox"/> Passport Size Photo  |
| <input type="checkbox"/> Secondary School Result(s)                      | <input type="checkbox"/> Copy of Bio data page of passport (for Regional/International applicant) |
| <input type="checkbox"/> Tertiary Qualification Result(s) if applicable  | <input type="checkbox"/> Letter from Employer (if applicable)                                     |
| <input type="checkbox"/> Tax identification Number(TIN) letter/FRCA Card | <input type="checkbox"/> Medical Certificate and support letter from SECTION G (if applicable)    |

**I. APPLICANT'S DECLARATION**

I declare to the best of my knowledge that all information supplied with this application form is true and complete in all significant particulars. I authorize the Fiji National University to collect from, and disclose to appropriate third parties such information that it may require to establish and administer my account with the University. 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 offence under the law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[DD/MM/YYYY]

**J. COLLEGE DEAN**

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

**K. ACADEMIC OFFICE - UNIVERSITY POST GRADUATE COMMITTEE**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson

**L. FOR ACADEMIC OFFICE USE ONLY** (please tick)

|  |  |
|--|--|
| 1. Minimum Entry Requirement Checked <input type="checkbox"/>                              | 5. Data Entered <input type="checkbox"/>     |
| 2. Application Vetted <input type="checkbox"/>   | 6. Student Notified <input type="checkbox"/> |
| 3. Refer to Senior Academic Office Staff if Selection G is filled <input type="checkbox"/> | 7. Documents Filed <input type="checkbox"/>  |
| 4. Documents Uploaded <input type="checkbox"/>   |  |

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Signature [DD/MM/YYYY]

**M. COMPLETED APPLICATION FORMS**

Complete application form(s) are to be mailed to the address below or dropped off at the nearest FNU Campus listed below:  
**Students Academic Services (Admissions)**  
**Fiji National University**  
**P.O. Box 7222**  
**Nasinu**

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