



The University of Fiji

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APPLICATION FOR ADMISSION UNDERGRADUATE PROGRAMME

This form is also available from the University website address: www.unifiji.ac.fj

Name:	ID Number if you were A UniFiji student before:
Programme:	Semester: Year:

APPLICATION CHECKLIST

- Your application will be deemed **incomplete** if all the necessary documentation is not submitted.
- Photocopies of original documents must be **certified** by a Justice of the Peace, Commissioner of Oaths, District Officer or School Principal.

Please tick (✓) the box to indicate the documents that you have submitted with your application.

- 2 passport-sized photographs in an envelope stapled to the application form; photos must be certified to be a true likeness of you.
- Birth Certificate & Tin Registration Letter
- Marriage Certificate or Deed Poll (if name different from your birth certificate)
- Results of Fiji Form 6/7 (or equivalent examinations)
- Certified copies of all other qualifications, certificates and full academic transcripts
- Letter from current and/or former employer which **should state the nature and duration of employment**
- Other documents (please specify) _____
- How did you learn about UniFiji? _____

DECLARATION

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I acknowledge that the University reserves the right to deny me admission or cancel my registration if the information given is incorrect or incomplete or if there are insufficient resources to offer the programme I have applied for.

Applicant's signature _____ Date _____
(Your application will be deemed incomplete if you do not sign this form)

Where to send your Completed Form Send your application to:

ADMISSIONS
Student Academic Services
The University of Fiji
Private Mail Bag
Lautoka

E-Copy of the Application Forms can also be
emailed to admissions@unifiji.ac.fj

SECTION A: PERSONAL DETAILS

Last Name	First Name	Middle Name	Title
Residential Address	Postal Address :		
	Tin Number :		
	Region <i>(Please tick the appropriate box)</i> Central <input type="checkbox"/> <i>(Korolevu to Korovou)</i> Eastern <input type="checkbox"/> <i>(Whole of Lomaiviti & Lau Group)</i> Northern <input type="checkbox"/> <i>(Whole of Vanua Levu and Taveuni)</i> Western <input type="checkbox"/> <i>(West of Viti Levu, Yasawas & Mamanucas)</i> Citizens of other countries <input type="checkbox"/>		
Date of Birth	Gender	Marital Status	Nationality
Telephone	Mobile	Fax	Email:
School	Year	Form	Index No
		Sixth Form	
		Seventh Form	
Name and Address of your Employer (if any)		Telephone	Fax

SECTION B: MEDICAL RECORD

Name(s) and Address of your Next of Kin	Relationship	Telephone	Mobile
		YES	NO
Do you suffer from any chronic illness, injury, allergy or disability that the University should be aware of? If yes, please give details. _____ _____			
Have you or has any member of your family ever suffered from TB, mental illness, fits or epilepsy or been treated in an institution for any of these diseases? If yes, give details. _____ _____			

SECTION C: PROGRAMME AND MAJORS

Programme you wish to apply for (e.g. BA, BCom, Dip, Foundation,) (Please refer to Appendix A to complete this section) If you do not qualify for the programme of your first choice you will be considered for the second and/or third choice.

1st Choice : _____

2nd Choice : _____

3rd Choice : _____

OFFICIAL USE

1. Decision

Approved

Programme _____

Not Approved

Reason _____

Major: _____

Minors _____

Authorising Officer: _____ Date _____
(Signature)

Decision Updated: _____ Date _____
(Signature)

2. Vetted and returned to applicant for the reasons listed below: _____ Date _____
(Signature)

Return to Applicant

Dear Applicant, your application is hereby returned because:

- Attached copies of documents not certified
- Attached copies of results not certified
- Attached copy of birth certificate not certified
- Application form not signed
- Others (please specify) _____

Please complete and resend your application