The University of Fiji

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APPLICATION FOR ADMISSION

POSTGRADUATE 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 (See Appendix A)	Semester: Year:
ADDI ICATION CHECKI ICE	
APPLICATION CHECKLIST Your application will be deemed incomplete if all the necessary documentation is not seemed.	submitted
Photocopies of original documents must be certified by a Justice of the Peace, Cofficer or School Principal.	
Please tick ($\sqrt{\ }$) the box to indicate the documents that you have submitted with your app	olication.
2 passport-size photographs in an envelope stapled to the application form; photos me true likeness of you.	ust be certified to be a
Birth Certificate & Tin Registration Letter	
Marriage Certificate or Deed Poll (if name different from your birth certificate)	
Full Curriculum Vitae	
Certified copies of all other qualifications, certificates and full academic transcripts	
Statement of Research intent or thesis proposal.	
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 results the University reserves the right to deny me admission or cancel my registration if the information or if there are insufficient resources to offer the programme I have applied for.	
Applicant's signature Dat (Your application will be deemed incomplete if you do not sign this to be deemed incomplete.)	

Where to send your Completed Form Send your application to:

UniFiji

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

CLOSING DATES

The deadline for the receipt of application by the University is:

For Semester I: 31 December For Semester II: 31 May

(Applications are receivable throughout the year).

SECTION A: PERSONAL DETAILS

Last Name		First Nan	ne	Middle Name	9	7	Γitle
Residential Address		Postal Address					I
		Region (Please tick	k the appropriate box)				
		Central (Korolevu to Korovou)	Eastern (Whole of Lomaiviti & Lau Group)	Northern (Whole of Vanua Levu and Taveuni)	Western (West of Levu, Yas & Mama	Viti sawas	Citzens of other countries
Date of Birth		Gender	Marital Status		Nation	ality	
Telephone	Mobile	2	Fax	Email:			
Name and Addre (if available	l ess of yo	our current Emp	oloyer	Telephone		Fax	
ECTION B: MEI	DICAL	RECORD		1			
ECTION B: MEI Name(s) and Addi			Relationshi	p Telep	ohone	:	Mobile
			Relationshi		ohone ES		Mobile NO
Name(s) and Addi Do you suffer fron	ress of yo	our Next of Kin	ry, allergy or disa	Y bility			
	n any chromatory should ny member, fits or e	ronic illness, injuice ber of your family	ry, allergy or disa res, please give de	bility tails.			

Institution	Year Qualified	Qualification	Major Area of Study

* *	graduate Diploma/Master's Progr a) for the Bachelor's Degree	amme
For Applicants for the Ph thesis topic and brief sun		laster's degree obtained. List Master's
_		
SECTION D: EMPLOY	MENT HISTORY	
Current Occupation:	Name of your Current I	Employer and period of employment
Previous Employment:		
Years	Organisation	Position
	•	
SECTION E: PROGRA	AMME OF STUDY (Postgradua	te qualification you wish to pursue)
	AMME OF STUDY (Postgradua	te qualification you wish to pursue)
Programme:	AMME OF STUDY (Postgradua	te qualification you wish to pursue)
Programme:	AMME OF STUDY (Postgradua	te qualification you wish to pursue)
Programme: Major field(s) of study:		te qualification you wish to pursue)
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FOR OFFICIAL USE		
1. Application vetted and forwarded	for assessment	
2. Decision		
Approved \square	Not Approved □	
Programme	Reason	
Approved Courses (For PGD & Master's applicants)		
Approved Thesis Topic:		
Approved Supervisor:		
Authorising Officer:		
Authorising Officer:(Chair, Postgraduate Committee)	(Signature)	
(Chair, Postgraduate Committee) Decision Updated:		