



# The University of Fiji

Private Mail Bag, Lautoka, Fiji Island  
Ph: +679 664 0600 Fax: +679 664 0700 – Saweni Campus  
+679 3373614 Fax: +679 3371084 – Suva Campus Email: [info@unifiji.ac.fj](mailto:info@unifiji.ac.fj)

## APPLICATION FOR ADMISSION UNDERGRADUATE PROGRAMME

This form is also available from the University website address: [www.unifiji.ac.fj](http://www.unifiji.ac.fj)

|            |  |
|------------|--|
| Name:      | ID Number if you were<br>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**

### CLOSING DATES

**The Application of Bachelor of Medicine and  
Bachelor of Surgery (MBBS) programme (only)**  
**will close on the 30 of November.**

**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"/><br><i>(Korolevu to Korovou)</i> | Eastern <input type="checkbox"/><br><i>(Whole of Lomaiviti &amp; Lau Group)</i> | Northern <input type="checkbox"/><br><i>(Whole of Vanua Levu and Taveuni)</i> |
| 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.<br>_____  |              |           |        |
| 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?<br>If yes, give details.<br>_____ |              |           |        |

**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.

1<sup>st</sup> Choice  2<sup>nd</sup> Choice  3<sup>rd</sup> Choice

**FOR OFFICIAL USE**

1. Decision

Approved

Not Approved

Programme \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Majors \_\_\_\_\_

Minors \_\_\_\_\_

Authorising Officer: \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

Decision Updated: \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**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