



APPLICATION FOR COMPLETION OF PROGRAMME/GRADUATION

Student ID number:

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1. PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Date of Birth:

Note: Write your name as it appears on your birth certificate

Gender: (Please tick one of the box) Male Female

Postal Address:

Telephone:	
Mobile:	
Email:	

Programme Completed:	Major 1:	Major 2:
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Programme level completed (Please tick one of the box) Foundation Certificate Degree Postgraduate Masters Phd

Year when you first enrolled in the Programme: _____

2. GRADUATION ATTENDANCE

Please tick one of the following:

- I will collect my certificate at the graduation ceremony which I will attend.
- I will not attend the graduation ceremony. I request that my certificate be sent to me after the graduation ceremony to the address above.

Applicant's Signature: _____ Date: _____

3. FOR OFFICIAL USE

Number of units required as per your programme: Number of Units Completed: Number of Units Yet to complete:

List down units yet to be completed: _____

4.

_____	_____	_____	_____
Application Vetted By:	Signature	Endorsed By – HOD	Signature
_____	_____	_____	_____
Date		Date	Director / Dean
			Date

Send the completed application form to:

- 1.) Student Academic Services
The University of Fiji
Private Mail Bag
Saweni
Lautoka.
- or
- 2.) Email: exams@unifiji.ac.fj