



Registered with the Fiji Higher Education Commission as a University under the Higher Education Act 2008. Registration Certificate Number (RGN0020/11)

APPLICATION FOR ADMISSION						
Master of Business Administration Programme This form is also available from the University website address: <u>www.unif</u>	<u>iji.ac.fj</u>					
Name:	ID Number if you were A UniFiji student before:					
Please tick $()$ the appropriate box for admission. Indicate your preference for specialisation (1 for highest and 3 for lowest)	Trimester:					
Programme:						
MBA Programme Diploma Programme Certificate Programme Year:						
General Management Human Resource Management						
Tourism and Hospitality Management						
APPLICATION CHECKLIST						
Your application will be deemed incomplete if all the necessary documentation is not sub-	mitted.					
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 & Full Curriculum Vitae						
Marriage Certificate or Deed Poll (if name different form your birth certificate)						
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						
A statement on how the MBA Programme will be helpful to meet your personal and organization's interests						
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)						

SECTION A: PERSONAL DETAILS (Please print clearly)

Last Name:	First N	ame:		Middle	Name:		Title	2:
Residential Address:	Postal Address	:				I		
	Tin Number:							
	Region (Please t	ick the appropriate	box)					
	Central (Korolevu to Korovou)	Eastern (Whole of Loma & Lau Group)	aiviti	Northern (Whole of Levu and T			ern t of Viti Levu, was & Mamanucas)	Citzens of other countries
Date of Birth:	Gender:		Marital Status:		Nati	onality:		
Telephone:	Mobile:		Fax: Email:		• •			
School:		Year:	For	m:		Index	x No:	
			Six	th 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, aller the University should be aware of? If yes, please g			
Have you or has any member of your family ever so mental illness, fits or epilepsy or been treated in an these diseases? If yes, give details.			

SECTION C: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

	Year Qualified	Qualification	Major Area of Study	GPA
ECTION D: EMPLO	OYMENT HISTORY			
urrent Occupation:		ır Current Employer	Duration	of employment:
revious Employment:				
Years	Organisation	1	Position	
ECTION E: PROG	RAMME OF STUDY (Postgraduate & Maste	rs qualification you wish to p	pursue)
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FOR OFFICIAL USE				
1. Application vetted and forwarded for assessment	(SAS)			
2. Decision Approved Not Approved Programme: Reason:				
Bridging courses recommended, if any:				
Course Code: Course Title:				
Approved By: Full Name: Decision by Postgraduate Committee: Authorizing Officer: (Chair, Postgraduate Commi	Signature: Date: ttee Signature)			
Student Academics Services:				
Full Name: Sig	nature: Date:			
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 <u>admissions@unifiji.ac.fj</u>			