

E	ACADEMIC QUALIFICATIONS *Continued		
TERTIARY QUALIFICATION(S) ATTAINED:			
Qualification Title:	Institution:	Year Started:	Year Completed:
F	EMPLOYMENT EXPERIENCE(S) *Details are required to assess admission eligibility in absence of appropriate academic background		
Position:	Organization:	Years:	
G	MEDICAL HISTORY		
Please indicate whether you have any medical condition(s) or major illness(es) that FNU should be aware of (attach medical certificate if applicable).			

H	HOSTEL ACCOMMODATION		
Intending to reside at the FNU Hostel <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred location (if applicable): _____			
Please contact the Halls of Residence warden on:			
Student Services Administrator, UniServices Department (Hostels), Fiji National University, P.O. Box 7222, Nasinu, Fiji Islands.	Telephone : (679) 3233861 / (679) 3311700 Ext 1861 Mobile : (679) 9256220 Email : SSA@fnu.ac.fj		
I	CHECKLIST CONFIRMATION		
The application will not be processed if the following photocopied and certified copies of documents have not been attached.			
<input type="checkbox"/> Attached Birth certificate/Marriage certificate	<input type="checkbox"/> Attached Passport Size Photo		
<input type="checkbox"/> Attached Secondary School Result(s)	<input type="checkbox"/> Attached copy of passport (for regional / international applicant)		
<input type="checkbox"/> Attached Tertiary Qualification Result(s) (if applicable)	<input type="checkbox"/> Attached Letter from Employer (if applicable)		
J	APPLICANT'S DECLARATION		
I undertake to comply with the rules and regulations of the Fiji National University. I authorize the Fiji National University to collect from, and disclose to, appropriate third parties such information that it may require to establish and administer my account with the University. I declare to the best of my knowledge that all the information supplied with this application form is true and complete in all significant particulars. I understand that making a false declaration is an offence.			
Applicant's Signature: _____		Date: _____ <small>DD/MM/YY</small>	
K	COMPLETED APPLICATION FORMS		
Completed application form(s) are to be sent to the area campus or centre as per address below:			
Academic Office FNU P O Box 7222 Nasinu	Academic Office FNU P O Box 5529 Lautoka	Academic Office FNU P O Box 1309 Labasa	Academic Office FNU P O Box 737 Ba
Academic Office FNU Private Mail Bag Namaka, Nadi	Academic Office FNU C/- College of Medicine, Nursing & Health Sciences Private Mail Bag, Suva	Academic Office FNU Kalavati Building, Rakiraki (EMS ONLY)	Academic Office FNU, NTPC, Sigatoka (EMS ONLY)
FNU Campuses:			
Samabula Campus Nasinu Campus Koronivia Campus Nasese Hospitality & Tourism Campus Laucala Bay Maritime Campus Raiwai Campus Tamavua Public Health Campus Tamavua Nursing Campus Pasifika Campus Vatuwaqa Printing Campus Lautoka Medical Campus Lautoka Education Campus Namaka Campus Ba Campus Labasa Campus Rakiraki Center Sigatoka Center			
L	FOR OFFICIAL USE ONLY		
Application Vetted/Data Entered <input type="checkbox"/>	Data Entered and forwarded for assessment <input type="checkbox"/>		
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>		
Comments: _____			
Processed/Received By: _____ <small>Name</small>		Signature _____	Date: _____ <small>(DD/MM/YY)</small>
Designation/Address: _____			