



The University of Fiji

APPLICATION FOR CROSS CREDIT

Student ID number:

PERSONAL DETAILS

Last Name:

First Name:

Middle Name:

Date of Birth:

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Address:

Telephone:

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Fax:

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Email:

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Programme of Study to which you are seeking cross credit: _____ Major/s _____

ACADEMIC RECORD

List all tertiary courses previously taken for which you are seeking cross credit

Institution	Certificate/Diploma/Degree awarded	Year	Courses to be credited

DECLARATION

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I acknowledge that provision of incorrect information relating to my application may result in the cancellation by the University of any credit which may be awarded at any stage during the program of study I undertake.

Student's signature: _____ Date: _____

INSTRUCTIONS FOR STUDENTS APPLYING FOR CROSS CREDITS

The following information/documents must be supplied by the applicant:

- Certified copies of transcript of academic records & certificates
- Certified copies of relevant information relating to courses successfully completed at tertiary institutions other than UniFiji or USP, for which cross credits are sought, i.e. details of aims and objectives, description of course content, prescribed texts and course readings and method of evaluation and assessment.
- Students applying for cross credit for courses completed at tertiary institutions in countries other than Australia, New Zealand, UK or USA, must also supply the following information:
- (a) number of years of primary/secondary education prior to commencing tertiary studies
 - (b) duration of the programme i.e. the number of courses constituting one year of full-time study and the number of courses constituting the complete degree/diploma programme. This information is required in order to assess the standard and relevance of an applicant's previously completed course/programme.

FOR OFFICIAL USE

Recommended cross credits:

Recommended by: _____

Head of Department

Date: _____

Endorsed by: _____

Dean

Date: _____

Approved: _____

Registrar

Date: _____

Computer Update Initial: _____

Date: _____

Verified: _____

Date: _____