



# The University of Fiji

## APPLICATION FOR COMPASSIONATE PASS/SPECIAL EXAM

Student ID number:

### PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: <input type="text"/> <input type="text"/> <input type="text"/>	Telephone:	<input type="text"/>
	Fax:	<input type="text"/>
	Email:	<input type="text"/>

### REQUEST DETAILS

I am applying for  Compassionate Pass  Special Exam (Please tick the appropriate box)

I am applying for the following exams: \_\_\_\_\_

Please state below the reasons for making this application and attach all necessary documents.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Recommendation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lecturer/Course Co-ordinator

- Notes:**
- (1) Lecturer/Course Co-ordinator must take note of the Regulations on Compassionate Pass/Special Exam
  - (2) the fee for any special exam will be paid by the Student

**Completed Application for Compassionate Pass/Special Exam Forms should be sent to:**

The Registrar  
 The University of Fiji  
 Private Mail Bag  
 Lautoka