



APPLICATION FOR COMPLETION OF PROGRAMME/GRADUATION

Student ID number: **PERSONAL DETAILS**

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

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

Address:

Telephone:

Fax:

Email:

Programme: Major 1: Major 2: Minor:

Programme being completed: Certificate Diploma Degree Postgraduate

Year when you first enrolled in the Programme: _____

CROSS CREDITS

Have you been granted cross credits for any course towards this Programme?

Yes No

If yes, please specify, from which Institution and Programme

How many? Institution _____ Programme _____

Note: You should have already applied for cross credits if your programme includes academic work completed elsewhere. If you have not already applied, you must lodge an application for cross credits with this form.

CURRENT COURSES

List courses you are currently registered

____ / ____ / ____ / ____ / ____ / ____

GRADUATION CEREMONY

Please tick one of the following:

- I request to be awarded my certificate for my qualification in the graduation and confirm that I will attend the ceremony.
- I will not attend the graduation ceremony. I request that the certificate for my qualification is sent to me after the graduation ceremony at the address above.

Applicant's Signature: _____

Date: _____

Completed Graduation Form should be sent to:

GRADUATION
 Student Academic Services
 The University of Fiji
 Private Mail Bag
 Saweni
 Lautoka