



APPLICATION FOR COMPASSIONATE PASS/SPECIAL EXAM

Student ID number: [ ]

PERSONAL DETAILS

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

Postal Address: [ ] Telephone: [ ] Fax: [ ] Email: [ ]

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