



## APPLICATION FOR SUPPLEMENTARY EXAM (MBBS STUDENT ONLY)

		Student ID number:									
DEDCO	NAI DETAUS										
PERSONAL DETAILS  Last Name: First Name:				Middle Name:			Date of Birth:				
Last Naii	ie.	riist Name.		iviluale Name:			Date Of Biltii.				
Postal Ad	ddress:			Telepho	no.						
				Mobile:							
				Email:							
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REQUE	ST DETAILS										
I am apply		ementary Exam									
I am apply	ring for the following exa	ms:									
Please sta	te below the reasons for	making this application	and attach all ne	ecessary documen	nts.						
Applicant's signature:					Da	te:					
FOR OF	FICIAL USE ONLY	,									
Recomme	ndation:										
Signature:					Da	te:					
	Lecturer/Cou	rse Co-ordinator									
Notes:	(1) Lacturer/Course Co	o-ordinator must take no	ote of the Possila	tions on Supplem	nentary Ev	am					
MOTG2:	<ul><li>(1) Lecturer/Course Co-ordinator must take note of the Regulations on Supplementary Exam</li><li>(2) the fee for any Supplementary exam will be paid by the Student</li></ul>										
	(2) the ree for any sup	Prementary exam will be	c paid by the Stu	aciit							

Completed Application for Supplementary Exam Forms should be sent to:

1.) STUDENT ACADEMIC SERVICES
The University of Fiji
Private Mail Bag
Lautoka.

OR

2.) Email to: exams@unifiji.ac.fj