



APPLICATION FOR SUPPLEMENTARY EXAM (MBBS STUDENT ONLY)

Student ID number:

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PERSONAL DETAILS

Last Name:

First Name:

Middle Name:

Date of Birth:

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Postal Address:

Telephone:

Mobile:

Email:

REQUEST DETAILS

I am applying for ☐ Supplementary Exam |

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 Supplementary Exam

(2) the fee for any Supplementary exam will be paid by the Student

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