

APPLICATION FOR ADMISSION Master of Business Administration (MBA)

Last Name	First Name	Middle Name Title
Please tick (√) t	he appropriate box for admission.	Indicate your preference for specialisate (1 for highest and 3 for lowest)
☐ MBA Progr	amme	☐ General Management
☐ Diploma Pro	ogramme	☐ Human Resource Management
☐ Certificate I	Programme	☐ Tourism and Hospitality Managemen
Mode of study	: $()$ the appropriate box: Full Time \square	Part Time
APPLICA	TION CHECKLIST	
Y	our application will be deemed incomplete i	f all the necessary documentation is not submitted.
■ Pł	otocopies of original documents must be ce	rtified by a Justice of Peace.
Please tick	$(\sqrt{\ })$ the box to indicate the documents that y	ou have submitted with your application.
	passport-size photographs in an envelope sta be true likeness of you.	pled to the application form; photos must be certified
☐ Bi	rth Certificate & Tin Registration Letter	
\square M	arriage Certificate or Deed Poll (if name diff	ferent from your birth certificate)
☐ Fu	ıll Curriculum Vitae	
C ₆	ertified copies of all qualifications and acade	mic transcripts
	statement on how the MBA Programme will terests	ll be helpful to meet your personal and organisation's
O	her documents (please specify)	
ARATION		
ertify that all the inf cknowledge that the		te and accurate to the best of my knowledge. mission or cancel my registration if the information gir the programme I have applied for.
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SE	CTION A: PERSONA	AL DETAILS			
A 1	Postal & Resider	ntial Address			
Tin I	Number: 				
A2	Telephone		A3 Fax		
A4	Email				
A5	Gender Male	☐ Fe	male \square		
A6	Date of Birth				
Α7	Next of Kin:		Phone cont	act:	
A8	Marital Status:	Married \square	Never Married	☐ Divorced /Separated	□ Widowed □
SE B1		NIC AND PROFESSIO			
	Institution	Year Qualified	Qualification	n Major Area of Stud	y Grade Point Average
-					
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Medic	al Record	ds:					
						YES	
		-	 	 	to take the second	Ī	

	YES	NO
Do you suffer from any chronic illness, injury, allergy or disability that the University should be aware of? If yes, please give details.		
Have you or has any member of your family ever suffered from TB, mental disease, fits or epilepsy or been treated in an institution for any of these diseases? If yes, give details.		

B2 Attach full CV on a Separate Sheet.

B3 Attach a statement on a separate sheet on how the MBA programme will be helpful to meet your personal and organization's interests.

SECTION C: EMPLOYMENT HISTORY

C1 Starting from present employment.

FromTo	Organisation	Position	Duties and Responsibilities

Funding details:	Private 🗆	Sponsored
Name of sponsorir	ıg organizatio	n:

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. Application vetted and forwarded for assessme	ent
	(SAS)
. Decision	
Approved	Not Approved
Programme	Reason
Bridging courses recommended, if any:	
Course Code:	
Course Title:	
Approved By: Full Name:	
Signature:	
Decision by Postgraduate Committee:	
Authorising Officer:(Chair, Postgraduate Com	mittee Signature)
Student Academics Services:	
Decision Actioned	d - Date
Full Name:	
Signature:	

Where to send your Completed Form Send your application to:

ADMISSIONS
Student Academic Services
The University of Fiji
Private Mail Bag
Lautoka

E-Copy of the Application Forms can also be emailed to admissions@unifiji.ac.fj