

Registered with the Fiji Higher Education Commission as a University under the Higher Education Act 2008. Registration Certificate Number (RGN0020/11)

APPLICATION FOR ADMISSION POSTGRADUATE & MASTERS PROGRAMME

Name:	ID Number if you were A UniFiji student before:
Programme	Semester:
Campus (Saweni/Samabula)	Year:
APPLICATION CHECKLIST	
Your application will be deemed incomplete if all the necessary docume	ntation is not submitted.
Photocopies of original documents must be certified by a Justice of Officer or School Principal.	f the Peace, Commissioner of Oaths, Distr
Please tick ($$) the box to indicate the documents that you have submitted	with your application.
2 passport-size photographs in an envelope stapled to the application for true likeness of you.	n; photos must be certified to be a
Birth Certificate & Tin Registration Letter	
Marriage Certificate or Deed Poll (if name different from your birth cer	tificate)
Full Curriculum Vitae	
Certified copies of all other qualifications, certificates and full academi	e transcripts
Other documents (please specify)	
Statement of Research Intent or Thesis Proposal that has been endorsed - (for Masters student ONLY). Those who wish to purse with full of	by potential supervisor(s) r minor thesis.
How did you learn about UniFiji?	
ECLARATION	
I certify that all the information given in this application is complete and accurate the University reserves the right to deny me admission or cancel my registration if or if there are insufficient resources to offer the programme I have applied for.	
Applicant's signature:	Date
(Your application will be deemed incomplete if you de	o not sign this form)

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

SECTION A: PERSONAL DETAILS

Last Name		First Nan	ne	Middle Name	ž	Title
Residential Addr	ess	Postal Address:				
		Tin Number:				
		Region (Please tick) Central (Korolevu to Korovou)	k the appropriate box) Eastern (Whole of Lomaiviti & Lau Group)	Northern (Whole of Vanua Levu and Taveuni)	Western (West of Viti Levu, Yasawas & Mamanucas)	Citzens of other countries
Date of Birth		Gender	Marital Status		Nationality	
Telephone	Mobile	е	Fax	Email:		
SECTION B: MI	EDICAL	RECORD				
Name(s) and Ado	dress of y	our Next of Kin	Relationshi	p Telep	phone	Mobile
				Y	ES	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.

SECTION C: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Institution	Year Qual	lified	Qualification	Major Area of Study	GPA
SECTION D: EMPL	LOYMENT HIS	Nam	(ne of your Current Er ration of employmen		
revious Employment:					
Years	Organisation		Positio	n	
	GRAMME OF S	STUD	Y (Postgraduate &	Masters qualification you	ı wish to
pursue)	GRAMME OF S	STUD	·	Masters qualification you	
pursue) Programme:		STUD'		•	
pursue) Programme: Major field(s) of study:					
Programme: Major field(s) of study: Department in which y	ou propose to stu	dy: -			
pursue) Programme: Major field(s) of study: Department in which y Mode of Study: Fi	ou propose to stu ull Time	dy: -	rt Time		
Programme: Major field(s) of study: Department in which y Mode of Study: Fi	ou propose to stu ull Time	dy: -	rt Time		
Programme: Major field(s) of study: Department in which y Mode of Study: Courses you propose to	rou propose to stu ull Time o take (for Postgrad	dy: -	rt Time		
pursue) Programme: Major field(s) of study:	rou propose to stu ull Time o take (for Postgrad	dy: -	rt Time		
Programme: Major field(s) of study: Department in which y Mode of Study: Courses you propose to Proposed thesis or supery	rou propose to stu ull Time o take (for Postgrad vised research proje	dy: -	rt Time		
Programme: Major field(s) of study: Department in which y Mode of Study: Courses you propose to Proposed thesis or supery	ou propose to stuull Time take (for Postgrad	dy: -	rt Time		

- what you expect to find
- the disciplines involved
- the reasons for the interest
- the information and data they know has been collected on the topic and a brief bibliography
- the skills needed to undertake the research and what you need to do to acquire them
- the type of data you will need and its likely availability

Application vetted and	forwarded for assessm	nent
		(SAS)
. Decision		
Approved		Not Approved □
Programme		Reason
Bridging courses recomm	ended, if any:	
Course Code:		
Course Title:		
Approved By: Full N	ame:	
Signat	ure:	
Signat Decision by Postgraduate	cure:	
Signat Decision by Postgraduate	cure:	
Signat Decision by Postgraduate Authorising Officer:(Ch	cure:	Date mmittee Signature)
Signat Decision by Postgraduate	cure:	mmittee Signature)

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