The University of Fiji
(An Entity of Arya Pratinidhi Sabha of Fiji)

Form SAS11

APPLICATION FOR CROSS CREDIT

Student ID number:

1. PERSONAL DETAILS

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

Postal Address:

Telephone:

Mobile

Email:

Programme of Study to which you are seeking cross credit: _____   Major/s _____

2. ACADEMIC RECORD

List all tertiary courses previously taken for which you are seeking cross credit

Institution	Certificate/Diploma/Degree /Masters	Year	Courses to be credited

INSTRUCTIONS FOR STUDENTS APPLYING FOR CROSS CREDITS

The following information/documents must be supplied by the applicant:

☐ Certified copies of transcript of academic records & certificates

☐ Certified copies of relevant information relating to courses successfully completed at tertiary institutions other than UniFiji or USP, for which cross credits are sought, i.e. details of aims and objectives, description of course content, prescribed texts and course readings and method of evaluation and assessment.

☐ Students applying for cross credit for courses completed at tertiary institutions in countries other than Australia, New Zealand, UK or USA, must also supply the following information:

(a) number of years of primary/secondary education prior to commencing tertiary studies

(b) duration of the programme i.e. the number of courses constituting one year of full-time study and the number of courses constituting the complete degree/diploma programme. This information is required in order to assess the standard and relevance of an applicant's previously completed course/programme.

3. DECLARATION

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I acknowledge that provision of incorrect information relating to my application may result in the cancellation by the University of any credit which may be awarded at any stage during the program of study I undertake.

Student's Name: _____   Signature: _____   Date: _____

4. FOR OFFICIAL USE

Recommended cross credits:

No	Course Code (Other Institution)	Course Title	Course Code (UOF)	Course Title	Approved/ Not Approved
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Date: _____

Vetted By: Name: _____   Signature: _____

Date: _____

Recommended by: Name: _____ Signature: _____
Head of Department

Endorsed by: _____   Date: _____
Director / Dean

Approved by: _____   Date: _____
Registrar / Assistant Registrar

5. OFFICE OF THE REGISTRAR

Data Entered By: Name: _____ Signature: _____   Date: _____

Data Verified By: Name: _____ Signature: _____   Date: _____