



The University of Fiji

(An Entity of Arya Pratinidhi Sabha of Fiji)



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

APPLICATION FOR ADMISSION Master of Business Administration Programme

This form is also available from the University website address: www.unifiji.ac.fj

Name:	ID Number if you were A UniFiji student before:
<p>Please tick (✓) the appropriate box for admission. Indicate your preference for specialisation (1 for highest and 3 for lowest)</p> <p>Programme:</p> <p><input type="checkbox"/> MBA Programme <input type="checkbox"/> Diploma Programme <input type="checkbox"/> Certificate Programme</p> <p><input type="checkbox"/> General Management</p> <p><input type="checkbox"/> Human Resource Management</p> <p><input type="checkbox"/> Tourism and Hospitality Management</p>	<p>Trimester:</p> <p>Year:</p>

APPLICATION CHECKLIST

- Your application will be deemed **incomplete** if all the necessary documentation is not submitted.
- Photocopies of original documents must be **certified** by a Justice of the Peace, Commissioner of Oaths, District Officer or School Principal.
- Please tick (✓) the box to indicate the documents that you have submitted with your application.
 - 2 passport-sized photographs in an envelope stapled to the application form; photos must be certified to be a true likeness of you.
 - Birth Certificate, Tin Registration Letter & Full Curriculum Vitae
 - Marriage Certificate or Deed Poll (if name different from your birth certificate)
 - Certified copies of all other qualifications, certificates and full academic transcripts
 - Letter from current and/or former employer which **should state the nature and duration of employment**
 - A statement on how the MBA Programme will be helpful to meet your personal and organization's interests
 - Other documents (please specify) _____
 - How did you learn about UniFiji? _____

DECLARATION

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I acknowledge that the University reserves the right to deny me admission or cancel my registration if the information given is incorrect or incomplete 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 do not sign this form)

SECTION A: PERSONAL DETAILS (Please print clearly)

Last Name:	First Name:	Middle Name:	Title:	
Residential Address:	Postal Address:			
	Tin Number:			
	Region (<i>Please tick the appropriate box</i>)			
Central (<i>Korolevu to Korovou</i>)	Eastern (<i>Whole of Lomaiviti & Lau Group</i>)	Northern (<i>Whole of Vanua Levu and Taveuni</i>)	Western (<i>West of Viti Levu, Yasawas & Mamanucas</i>)	Citizens of other countries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth:	Gender:	Marital Status:	Nationality:	
Telephone:	Mobile:	Fax:	Email:	
School:	Year:	Form:	Index No:	
		Sixth Form:		
		Seventh Form:		
Name and Address of your Employer (if any)		Telephone:	Fax:	

SECTION B: MEDICAL RECORD

Name(s) and Address of your Next of Kin	Relationship	Telephone	Mobile
		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 illness, 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 Qualified	Qualification	Major Area of Study	GPA

SECTION D: EMPLOYMENT HISTORY

Current Occupation:

Name of your Current Employer

Duration of employment:

Previous Employment:

Years	Organisation	Position

SECTION E: PROGRAMME OF STUDY (Postgraduate & Masters qualification you wish to pursue)

Programme:

Major field(s) of study:

Department in which you propose to study:

Mode of Study: Full Time Part Time

Courses you propose to take (*for Postgraduate & Masters applicants*)

FOR OFFICIAL USE

1. Application vetted and forwarded for assessment (SAS)

2. Decision

Approved Not Approved

Programme:

Reason:

Bridging courses recommended, if any:

Course Code: **Course Title:**

Approved By:

Full Name: **Signature:**

Decision by Postgraduate Committee:

Authorizing Officer: **Date:**

(Chair, Postgraduate Committee Signature)

Student Academics Services:

Full Name: **Signature:** **Date:**

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