



The University of Fiji

(An Entity of Arya Pratinidhi Sabha of Fiji)

Form SAS6

APPLICATION FOR COMPLETION OF PROGRAMME/GRADUATION

Student ID number:

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1. PERSONAL DETAILS

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

Note: Write your name as it appears on your birth certificate

Gender: (Please tick one of the box)

Male ☐ Female ☐

Postal Address:

Telephone:

Mobile:

Email:

Programme Completed:	Major 1:	Major 2:
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Programme level completed (Please tick one of the box)

Foundation ☐ Certificate ☐ Degree ☐ Postgraduate ☐ Masters ☐ Phd ☐

Year when you first enrolled in the Programme: _____

2. GRADUATION ATTENDANCE

Please tick one of the following:

- ☐ I will collect my certificate at the graduation ceremony which I will attend.
- ☐ I will not attend the graduation ceremony. I request that my certificate be sent to me after the graduation ceremony to the address above.

Applicant's Signature: _____ Date: _____

3. FOR OFFICIAL USE

Number of units required as per your programme: Number of Units Completed: Number of Units Yet to complete:

List down units yet to be completed: _____

4.

Application Vetted By: _____	Signature _____	Endorsed By – HOD _____	Signature _____	Director / Dean _____
_____	_____	_____	_____	_____
Date		Date		Date

Send the completed application form to:

1.) Student Academic Services
The University of Fiji
Private Mail Bag
Saweni
Lautoka.

or

2.) Email: exams@unifiji.ac.fj