



The University of Fiji

(An Entity of Arya Pratinidhi Sabha of Fiji)



APPLICATION FOR ADMISSION

Doctor 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:

Programme:

Semester:

Campus (Saweni/Samabula)

Year:

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 & 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**
- ☐ Tentative research proposal/intent (minimum word count – 2500) - Need to do the initial groundwork, read basic literature, do pilot survey and data analysis, if necessary, before submitting the proposal.
- ☐ 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)

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 (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 ☐
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

Mode of Study: ☐ Full Time

☐ Part Time

Proposed thesis or supervised research project topic

Statement of Intent (Approx 2500 words) for applicants for Master's (thesis only) Applicant's should indicate:

- the general area of study
- why you consider it important
- 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

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: