



APPLICATION FOR COMPLETION OF PROGRAMME/GRADUATION

1. PERSONAL DETAILS

Student ID Number:

Campus:

SAWENI: ☐

SAMABULA: ☐

LEVUKA: ☐

LABASA: ☐

First Name:

Middle Name:

Last Name:

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

Gender:

(Please tick one of the box)

Male: ☐

Female: ☐

Date of Birth:

Postal Address:

Email:

Telephone/Mobile:

Programme Completed:
(SPECIFY)

Major 1:

Major 2:

Programme level Completed:
(Please tick one of the box)

Foundation: ☐

Certificate: ☐

Diploma: ☐

Degree: ☐

PGCertificate: ☐

PGDiploma: ☐

Masters: ☐

PhD: ☐

2. GRADUATION ATTENDANCE

Please Tick one of the following:

☐

I will attend the graduation ceremony.

☐

I request that the certificate be sent via freight forward.

☐

I will personally collect my certificate after the graduation ceremony from the campus:

SAWENI: ☐

SAMABULA: ☐

DECLARATION

I certify that the information provided in this form are correct

Applicant's Signature: _____

Date: _____

3. FOR OFFICIAL USE ONLY

Number of courses required per programme:

Number of courses Completed:

Number of courses yet to complete:

List down courses yet to be completed: _____

Designation	Name	Signature	Date
Application Vetted by:			
Endorsed by - HOD:			
Endorsed by – Dean/Director:			

Email the completed form to: exams@unifiji.ac.fj