



The University of Fiji

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APPLICATION FOR ADMISSION UNDERGRADUATE 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 (See Appendix A)	Semester: 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
- Marriage Certificate or Deed Poll (if name different from your birth certificate)
- Results of Fiji Form 6/7 (or equivalent examinations)
- 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**
- 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

CLOSING DATES
The deadline for the receipt of application by
the University is:
For Semester I: 31 December
For Semester II: 31 May
(Applications are receivable throughout the year).

SECTION A: PERSONAL DETAILS

Last Name		First Name		Middle Name		Title	
Residential Address				Postal Address			
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: PROGRAMME AND MAJORS

Programme you wish to apply for (e.g. BA, BCom, Dip, Foundation,) (Please refer to Appendix A to complete this section) If you do not qualify for the programme of your first choice you will be considered for the second and/or third choice.

1st Choice 2nd Choice 3rd Choice

FOR OFFICIAL USE

1. Decision

Approved

Not Approved

Programme _____

Reason _____

Majors _____

Minors _____

Authorising Officer: _____
(Signature)

Date _____

Decision Updated: _____
(Signature)

Date _____

2. Vetted and returned to applicant for the reasons listed below: _____
(Signature)

Date _____

Return to Applicant

Dear Applicant, your application is hereby returned because:

- Attached copies of documents not certified
- Attached copies of results not certified
- Attached copy of birth certificate not certified
- Application form not signed
- Others (please specify) _____

Please complete and resend your application