

Student ID Number

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**FNU** FIJI NATIONAL UNIVERSITY

P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000/(679)3381044 Facsimile: (679)3393230

Website: www.fnu.ac.fj**SAS 20****APPLICATION FOR CROSS CREDIT****A PERSONAL DETAILS**

Surname: _____ First Name: _____
 Other Name(s): _____ Date of Birth: _____ (DD/MM/YY)
 Postal Address: _____ Email Address: _____

B PROGRAMME OF STUDY

College: _____ Campus/Center: _____
 Programme enrolled in: _____ Major 1 _____ Major 2 _____ Minor _____

*Please Specify Type: Internal Cross Credit External cross Credit

C ACADEMIC RECORD

* Internal Cross Credit refers to Credit Transfer within FNU programme and courses/External Cross Credit refers to Credit Transfer from outside institutes to FNU programmes/courses

Please list all tertiary courses previously taken from which you are seeking cross credits and attach certified copies of unit descriptions and transcripts relating to courses successfully completed.

Accredits From				Accredits To	
Year	Institution	Programme	Unit/Course	FNU Unit(s)/Course(s) Granted	
				Unit/Course Code	Unit/Course Name:

INSTRUCTIONS:

- Applicant must attach certified copies of unit descriptions and transcripts from which cross credits are sought
- Applicant must be enrolled in the programme to which cross credit(s) is/are being applied
- All sections of this form must be fully completed
- Failure to follow the instructions would deem this application incomplete and the form will not be processed

Student Signature_____
Date(DD/MM/YY)**D FOR OFFICIAL USE ONLY**

SCHOOL/DEPARTMENT

HOS/HOD:

DATE:

(DD/MM/YY)

STAMP:

COLLEGE DEAN

DATE:

(DD/MM/YY)

STAMP:

STUDENT ACADEMIC SERVICES

REGISTRAR

DATE:

(DD/MM/YY)

STAMP:

DATA PROCESING OFFICER

DATE:

(DD/MM/YY)

STAMP: