



APPLICATION FOR SUPPLEMENTARY EXAM

Student ID number:

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PERSONAL DETAILS

Last Name:

First Name:

Middle Name:

Date of Birth:

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Postal Address:

Telephone:

Mobile:

Email:

REQUEST DETAILS

I am applying for ☐ Supplementary Exam

I am applying for the following exams: _____

Please state below the reasons for making this application and attach all necessary documents.

Applicant's signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Please process this application if the student meet the requirement of supplementary regulation.

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Approved

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Not Approved

(Please tick one box)

Course Coordinator

Head of Department

Director/Dean of School

Vice Chancellor

Date

Date

Date

Date

Note: the fee for any Supplementary exam will be paid by the Student

Completed Application for Supplementary Exam Forms should be sent to:

- 1.) STUDENT ACADEMIC SERVICES
The University of Fiji
Private Mail Bag
Lautoka.
Email: sas@unifiji.ac.fj

OR

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