

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 05****APPLICATION FOR A REPLACEMENT CERTIFICATE**

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILS

Surname : _____	Email Address(es) : _____	Work : _____
Other Name(s) : _____	Phone Contact(s) : _____	Personal : _____
First Name : _____	Postal Address : _____	Work : _____
Date of Birth : _____ (DD/MM/YY)		Home : _____
		Mobile : _____

B GRADUATION DETAILS

Award Title : _____	
Institution where programme was completed : _____	
Please state reason(s) for Replacement Certificate: _____ _____	
Date of Graduation: _____ DD/MM/YY	Certificate Number: _____

C SUPPORTING DOCUMENTS

Please ensure to attach the following with this application.

- > A copy of Birth Certificate or Marriage Certificate
- > A statutory declaration stating the fact that the certificate issued was lost, destroyed, damaged or stolen
- > A police report outlining the particulars pertaining to the certificate is also required for stolen certificate
- > The original damaged certificate must be submitted if a replacement of the damaged certificate is required

D STUDENT ACADEMIC SERVICES

Search Fee/Verification Fee (if applicable): \$ _____	Replacement Certificate Fee: \$ _____	
Approval by the Registrar's Office Signature: _____	Date: _____ (DD/MM/YY)	Stamp: _____
_____	_____	_____
Student Signature	Date (DD/YY/MM)	

E FINANCE DEPARTMENT

Amount Paid: \$ _____	Receipt Number: _____	
Cashier: _____	Date: _____ (DD/MM/YY)	Stamp: _____

F FOR OFFICIAL USE ONLY

STUDENT ACADEMIC SERVICES		
Replacement Certificate Issued Number : _____	_____	
Comments/Particulars of Certificate : _____	_____	
Signature: _____	Date: _____ (DD/MM/YY)	Stamp: _____

G COLLECTION OF REPLACEMENT CERTIFICATE

Full Name: _____	
Signature: _____	Date: _____ (DD/MM/YY)