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P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000 Website: www.fnu.ac.fj

APPLICATION FOR SUPPLEMENTARY ASSESSMENT

		be used ONLY by students who have	e scored a gr	ade of DNQ or	D+ with the	ır total n	nark great	ter than	45% in a unit]	
Α	PERSONAL DET	TAILS								
Surname:			First Name:							
Other Name(s):			Date o				of Birth:			
В	PROGRAMME	OF STUDY								
College: Programme Enrolled In:			• •			Major	ajor 2 Minor			
С	UNIT(S) DETAIL	LS								
Course Code Course Name		Last Attempted				Current Term				
	Course realine Course Name			Year Term				Year	Term (please specify)	
		Ctudent Cignature				Dot				
D	FOR OFFICIAL I	Student Signature		Date (DD/YY/MM)						
	TOROTTICIAL	OSE OIVET								
1.	LECTURER INCHAI	RGE / COURSE COORDINATOR TO	VERIFY SU	PPLEMENTAR	Y ASSESSM	IENT DE	TAILS			
		,	B. Type of Assessment Offered							
A. Grade Verification [Please Tick options]			To Student [Please Tick				LECTURER IN-CHARGE/COURSE COODINATOR			
			options]				COODINATOR			
i. Student scored more than 45% and less than 50% in							Signature:			
a course \square			i. Exam □							
Or			ii Othore	ssment 🗆						
ii. Student received a DNQ grade of total marks of 50%			(Details to be			Date:				
or more \square							(DD/MM/YY)			
2.	2. HOS/HOD			Date:				Stamp:		
	Signature:			(DD/MM/YY)				<u> </u>		
3.	3. DEAN			Date:				Stamp:		
Signature:			(DD/MM/YY)							
4.	FINANCE DEPART	MENT								
Amount Paid: \$			Receipt Number:							
Finance Processing Officer:			Date: Sta			Stamp	tamp:			
5.	STUDENT ACADE	MIC SERVICES								
Exam	nination Section:		Date:	(DD/MM/YY)		Stamp	:			