

Student Academic Services (SAS) Office PO BOX R113, Kukum Campus Honiara, Solomon Islands

TELEPHONE: +677 42617

EMAIL: sas@sinu.edu.sb

WEBSITE: www.sinu.edu.sb

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APPLICATION FORM FOR ADMISSIONS

(Please carefully re	ead the instructions l	below before comp	leting each pa	rt of the f	form)
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- 1. This Form MUST be completed by EVERY person seeking admission to SINU.
- 2. All questions in Sections A to D where appropriate must be answered, incomplete application forms will NOT be considered.
- CHECKLIST OF REQUIRED DOCUMENTS
 - You are required to submit the following with your application form
 - certified copies of Certificates, Academic results or Transcripts
 - A certified copy of Your Birth Certificate
 - A Sponsor's letter of Agreement (applicable only to those who have secured sponsorship)
 - A Reference letter or any supporting documents from employer (for In-service entries)
 - A certified copy of passport size photo.
 - A SBD 50.00 Application Fee must be paid upfront at any BSP outlet through SINU account (9088870419) and must be
 receipted at SINU Finance Division for EACH Application Form before submitting the completed application to SAS
 Office.
 - Note: Any Application form received without the above will not be considered.
- 4. All fields marked with (*) are mandatory and must be completed.
- 5. The form must be completed and signed.
- 6. Send the completed form to: Student Academic Services (SAS) Office
 Solomon Islands National University

P. O. Box R113, Honiara

7. The last day of assessment is: 20th JANUARY 2023

Note:

ID NO.

This is not an application for sponsorship. You must apply separately to the sponsoring bodies, should you wish to be sponsored for any of the courses you apply for. Accepted candidates and in particular International Students are required to provide a medical report, a Police Clearance and a Letter of Sponsorship as Immigration Department requirements before undertaking studies at the University.

(If you are a former SICHE/SINU Student)

Choices	Course Nar	ne		Course Code	Location	Course Load (Please tick)	Attendance Mode (Please tick)
1						Full Time: Part -Time:	On Campus:
2						Full Time: Part - Time:	On Campus:
you tick DFL	., please indicate Provincial Centre:	CHOISEUL Taro Wagina	WESTERN Gizo Munda	MAI Auk Afio	_		TEMOTU Lata
NU Finance	2	_					
eceipt No.		Amount Paid:					
						STA	AMP

APPLICATION FOR ADMISSION (STUDENT DETAIL REGISTRATION)

Please PRINT the information required clearly

	FIRST NAME*			~			
TITLE*	TIKST NAME:	MIDDLE	NAME:	SUI	RNAME*		
ate of Birth*	k	Gender (Plea	se Tick)		Marital Status (Ple	ease Tick)	
Day	Month Year	Fem	ale		Single	Divorced	
		Mal	e		Married	Widow	
Constituency	*	Province*		 W	ard Name*		
<u> </u>		Trovines			ard I (diffe		
Citizenship*		Country of Birth		(Country of Citizens	ship*	
Геlephone		Mobile Phone*	Mobile Phone*		Email Address		
Contact (Postal)*		Permanent Address (Home/Area)			Guardian Address (If under 18 years) Name:		
				_	Address:		
				\dashv \vdash	Phone:		
G . 133	1 (7) 133						
Special Need	ds / Disability Please	Tick if you have any Specia	l Needs and A	Attached appro	priate medical Report		
	D GOVERNE AND S						
SECTION	B: COURSES AND S	PONSOR DETAILS	(Course codes	s and names are	attached to this form)		
COURSES*			_			_	
Choices	Name of Course		Course Code	Year	Study Period	Location	
1							
2							
EDONICOD /D	DIVATE.						
SPONSOR/P Sponsor Nar			Γ	Sponsor Pho	one:		
Sponsor Addı	ress		+	Sponsor Em	nail:		
•			_	Please Tick O			
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			Ī	Regiona			

(Note: If you are sponsored, it is important that sponsorship letter must be attached to this application)

SECTION C: STUDENT EDUCATION BACKGROUND **Secondary and Pre-Certificate** Third Form Fifth Form Sixth Form Foundation School: School: School: School: Year: Year: Year: Year: NOTE: You must attach Certified Academic Transcript and Certificates for highest Form reached. Current form 5, 6 and 7 students need to get reference letter from your School's Careers Master and/or Principal. School based semester 1 results must be attached. **Tertiary Studies Qualifications** Date Graduated Course Years Attended Major Field of Study Institution (If Applicable) NOTE: You must attach all Certified Academic Transcript and Certificates for the Tertiary Qualification you attained. **Employment History Current Employment:** Title Period of Employment (If currently employed) Organisation Start End **Previous Employment** Years Job End Organisation Start SECTION D: STUDENT DECLARATION I Declare that 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 my admission or cancel my registration if the above information is incomplete and/or false.

Date:

Applicant Signature:

FOR OFFICIAL USE ONLY

	Date		Comment		CC/Initial
Student Registration					
Contact Details					
Scan Documents					
Education					
Background Application]	
Application Acknowledgement					
	OUTCOME:				
Qualified			1		
Qualify with Condition			2		
Unsuccessful					
		J	3		
Offer Letter]			
Issued Offer Letter]			
Received]			
Admission					
Study Plan					
Enrolled					
Confirmation Letter					
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