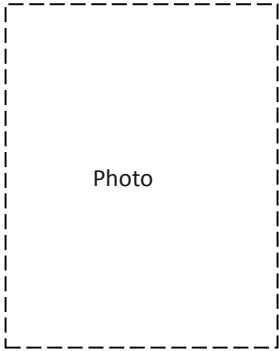




Student Academic Services (SAS) Office
 PO BOX R113, Kukum Campus
 Honiara, Solomon Islands
 TELEPHONE: +677 30111 Ext 266/220
 FACSIMILE: +677 30390
 EMAIL: sas@sinu.edu.sb
 WEBSITE: www.sinu.edu.sb



APPLICATION FORM FOR ADMISSIONS

(Please carefully read the instructions below before completing each part of the form).

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.
3. 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:

Note:

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.

ID NO. (If you are a former SICHE/SINU Student)

COURSE APPLYING FOR*:

| Choices | Course Name | Course Code | Location | Course Load (Please tick) | Attendance Mode (Please tick) |
|---------|-------------|-------------|----------|--|--|
| 1 | | | | Full Time: <input type="checkbox"/> Part - Time: <input type="checkbox"/> | On Campus: <input type="checkbox"/> DFL: <input type="checkbox"/> |
| 2 | | | | Full Time: <input type="checkbox"/> Part - Time: <input type="checkbox"/> | On Campus: <input type="checkbox"/> DFL: <input type="checkbox"/> |

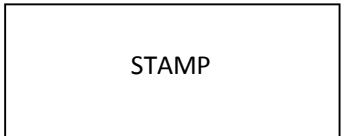
If you tick DFL, please indicate Provincial Centre:

| | | | | | |
|---------------------------------|--------------------------------|-------------------------------|-----------------------------------|--------------------------------|-------------------------------|
| CHOISEUL | WESTERN | MALAITA | HONIARA | MAKIRA | TEMOTU |
| Taro <input type="checkbox"/> | Gizo <input type="checkbox"/> | Auki <input type="checkbox"/> | Panatina <input type="checkbox"/> | Marau <input type="checkbox"/> | Lata <input type="checkbox"/> |
| Wagina <input type="checkbox"/> | Munda <input type="checkbox"/> | Afio <input type="checkbox"/> | | | |

SINU Finance

Receipt No. Amount Paid:

Date: Cashier's Name:



APPLICATION FOR ADMISSION (STUDENT DETAIL REGISTRATION)

Please PRINT the information required clearly

SECTION A: PERSONAL DETAILS

| | | | |
|--------|-------------|--------------|----------|
| TITLE* | FIRST NAME* | MIDDLE NAME: | SURNAME* |
| | | | |

Date of Birth*

| | | |
|-----|-------|------|
| Day | Month | Year |
| | | |

Gender (Please Tick)

| | |
|--------------------------|--------|
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Male |

Marital Status (Please Tick)

| | | | |
|--------------------------|---------|--------------------------|----------|
| <input type="checkbox"/> | Single | <input type="checkbox"/> | Divorced |
| <input type="checkbox"/> | Married | <input type="checkbox"/> | Widow |

Constituency*

Province*

Ward Name*

Citizenship*

Country of Birth

Country of Citizenship*

Telephone

Mobile Phone*

Email Address

Contact (Postal)*

| |
|--|
| |
| |
| |

Permanent Address (Home/Area)

| |
|--|
| |
| |
| |

Guardian Address (If under 18 years)

| |
|----------|
| Name: |
| Address: |
| Phone: |

Special Needs / Disability *Please Tick if you have any Special Needs and Attached appropriate medical Report*

SECTION B: COURSES AND SPONSOR DETAILS (Course codes and names are attached to this form)

COURSES*

| Choices | Name of Course | Course Code | Year | Study Period | Location |
|---------|----------------|-------------|------|--------------|----------|
| 1 | | | | | |
| 2 | | | | | |

SPONSOR/PRIVATE:

Sponsor Name:

Sponsor Address

| |
|--|
| |
| |
| |

Sponsor Phone:

Sponsor Email:

Please Tick One

| | |
|-----------------------------------|--|
| <input type="checkbox"/> Private | <input type="checkbox"/> Private With concession (Staff) |
| <input type="checkbox"/> Regional | |

(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

| Institution | Course | Years Attended | Major Field of Study | Date Graduated (If Applicable) |
|-------------|--------|----------------|----------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |

NOTE: You must attach all Certified Academic Transcript and Certificates for the Tertiary Qualification you attained.

Employment History

Current Employment:
(If currently employed)

| | | | |
|--------------|-------|----------------------|-----|
| Organisation | Title | Period of Employment | |
| | | Start | End |

Previous Employment

| Years | Organisation | Job | Start | End |
|-------|--------------|-----|-------|-----|
| | | | | |
| | | | | |
| | | | | |

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.

Applicant Signature: Date:

FOR OFFICIAL USE ONLY

| | Date | Comment | CC/Initial |
|------------------------------------|----------------------|--|----------------------|
| Student Registration | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact Details | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Scan Documents | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Education Background | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Application Acknowledgement | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| OUTCOME: | | | |
| Qualified | <input type="text"/> | <p>1</p> <p>2</p> <p>3</p> | <input type="text"/> |
| Qualify with Condition | <input type="text"/> | | <input type="text"/> |
| Unsuccessful | <input type="text"/> | | <input type="text"/> |
| Offer Letter Issued | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Offer Letter Received | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Admission | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Study Plan | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Enrolled | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Confirmation Letter | <input type="text"/> | <input type="text"/> | <input type="text"/> |