



Students' Academic Services,
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REQUEST FOR RECOGNITION OF PRIOR LEARNING AND CROSS CREDIT

Student ID Number:

SECTION A: PERSONAL DETAILS

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Surname: | First Name: | Middle Name: | Date of Birth: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| | |
|-------------|----------------------|
| Cell Phone: | <input type="text"/> |
| Fascimile: | <input type="text"/> |
| Email: | <input type="text"/> |

Course Name at SINU:

SECTION B: CROSS CREDIT/RPL REQUEST

This section must be completed by the Coordinator and School Deans guided by SINU Academic Regulation for Cross-Credits. Certified copies of Academic Transcripts and Certificates must be attached to this form before deemed complete and valid.

Course Completed: **Year:**

Institution:

SINU Units to be credited:

| No. | Units | No. | Units |
|-----|----------------------|-----|----------------------|
| 1 | <input type="text"/> | 4 | <input type="text"/> |
| 2 | <input type="text"/> | 5 | <input type="text"/> |
| 3 | <input type="text"/> | 6 | <input type="text"/> |

Endorsement:

Coordinator:

Date:

Dean:

Date:

SECTION C: DECLARATION

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the University reserves the right to cancel my registration if the above information is incorrect or incomplete.

Applicant's Signature:

Date:

SECTION D: OFFICE USE

Are all attached documents certified **YES/NO**
Is Academic Transcript attached **YES/NO**
Is Certificate attached **YES/NO**
Is the Cross-credit Approved? **YES/NO**
Receipt attached? **YES/NO**

If YES, Receipt Number:

Update in SMS system

Date:

SAS Officer: