

Student's Academic Service Telephone +677 30111 Ext 266/220 or 42617 Facsimile: +677 30390

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REQUEST FOR FEE WAIVER FORM

This form is only to be submitted by students who have NOT paid fees for unit(s) that have no internal assessment marks

Please PRINT (WRITE IN CAPITAL LETTERS) the required information clearly.

SECTION A: PERSONAL DETAILS				ID NUMBER:					
TITLE:	FIRST NAME:			MIDDLE NAME:		LAST NAME:			
Telephone:	ne: Mobile:			Email:					
Are you spons	sored or p	orivate? F	Private S	ponsored	Name of S	ponsor:			
SECTION B: C	OURSE	DETAILS							
1. Course:									
2. State the	units you	ı are requesting	for a fee waive	er. Attache	ed documents	e.g. invoice, e	nrolment co	onfirmation.	
Unit Code	Yea Sem	ester	Reasons fo	or fee wai	ver	Fee Invoice No.	Amount	Admin fee Receipt No.	Date
			stration fee of \$ are required to					chedule for curre	nt fee.
tudent Signat	ure:			Date:					
				OFFICIA	AL USE ONLY				
ECTION C: F/	ACULTY	VERIFICATION	N AND APPRO	VAL					
Semester & Year	Unit Code	Internal Assessment	Final Examination	Grade	Unit Coordinator	Comment			
		Mark	Mark		Name				

Approve for fee waiver	☐Not approve for fee waiver				
Authorizing Officer:	Date:				
SECTION D: LATE WITHDRAWAL FEE (Attached copy of re	ceipt)				
Receipt No Amount paid:	No. of Units: Date:				
SECTION E: SMS AND ATTACHÉ UPDATES					
SMS Update Withdrawn units without penalty.					
Student Academic Officer:	Date:				
Attaché Update Unit(s) fees waive					
Finance Officer:	Date:				