

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

Photo	

APPLICATION FORM FOR ADMISSIONS

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

- 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.
- All fields marked with (*) are mandatory and must be completed. 4.
- The form must be completed and signed. 5.
- Send the completed form to: **Student Academic Services (SAS) Office** 6. **Solomon Islands National University**

P. O. Box R113, Honiara

7. The last day of submission is:

5 th	JA	NU	AR	Y	202
-----------------	----	----	----	---	-----

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)					
Programme A	APPLYING FOR*:					
Choices	Programme Title	Programme Code	Location	Course Load (Please tick)	Attendance Mode (Please tick)	
1				Full Time: Part-Time:	On Campus: DFL:	
2				Full Time: Part - Time:	On Campus:	
If you tick DFL	, please indicate Provincial Centre: CHOISEUL WESTERN Taro Gizo Wagina Munda	MALAITA Auki Afio	HONIARA Panatina	MAKIRA Marau	TEMOTU Lata	
SINU Finance						
Receipt No.	Amount Paid:			STA	AMP	
Date:	Cashier's Name:					

APPLICATION FOR ADMISSION (STUDENT DETAIL REGISTRATION)

Please PRINT the information required clearly

TITLE*	FIRST NAME*	MIDDLE	JAME:	CIID	NAME*		
111LE* (Mr, Mrs, Miss o			NAIVIE.	SUR	INAIVIE.		
(IVII, IVIIS, IVIISS C	etc)						
ate of Birth*		Gender (Pleas			Marital Status (Ple	ase Tick)	
Day	Month Year	Fema	ale		Single	Divorced	
		Male Male	;		Married	Widow	
•				_			
Constituency	*	Province*	Province*		Ward Name*		
Citizenship*		Country of Birth	Country of Birth		ountry of Citizens	hip*	
Геlерһопе	lephone Mobile Phone*			- E	mail Address		
receptione			ile i none		Zilidii i iddicoo		
Contact (Post	al)*	Permanent Addres	Permanent Address (Home/Area)		Guardian Address (If under 18 years)		
				-	Name:		
					Address:		
]]	Phone:		
Special Need	ls / Disability Please	Tick if you have any Specia	l Needs and Attac	hed appro	priate medical Report		
1							
SECTION 1	B: PROGRAMME A	ND SDANSAD DET	A II C (D			41.1. 6	
		ND SI ONSOR DETA	AILS (Programm	ie codes and	i names are attached to	this form)	
ROGRAMM	ES*						
Choices	Name of Programme		Programme	Year	Study Period	Location	
	r varie of 1 rogramme		Code		2000) 1 01100	20000000	
1							
2							
1 2 PONSOR/PI			Sno	ansor Pho	nne.		
1 2 PONSOR/PI Sponsor Nan	ne:			onsor Pho			
1 2 SPONSOR/PI Sponsor Nan	ne:		Spo	nsor Em	ail:		
1	ne:		Spo Pleas		ail:	ith	

(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 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.

Date:

Applicant Signature:

FOR OFFICIAL USE ONLY

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