



Student Academic Services (SAS) Office  
PO BOX R113, Kukum Campus  
Honiara, Solomon Islands  
TELEPHONE: +677 42617  
EMAIL: [sas@sinu.edu.sb](mailto:sas@sinu.edu.sb)  
WEBSITE: [www.sinu.edu.sb](http://www.sinu.edu.sb)

Photo

## APPLICATION FORM FOR ADMISSIONS 2025

(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
- **Sponsor 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 submission is:

**20<sup>th</sup> July 2025**

**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

**APPLYING FOR\*:**

Choices	Programme Title	Programme 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**  
Taro ☐  
Wagina ☐

**WESTERN**  
Gizo ☐  
Munda ☐

**MALAITA**  
Auki ☐  
Afio ☐

**HONIARA**  
Panatina ☐

**MAKIRA**  
Maro'u Bay ☐

**TEMOTU**  
Lata ☐

**SINU Finance**

Receipt No.

Amount Paid:

Date:

Cashier's Name:

STAMP

**APPLICATION FOR ADMISSION  
(STUDENT DETAIL REGISTRATION)**

Please PRINT the information required clearly

**SECTION A: PERSONAL DETAILS**

TITLE* (Mr, Mrs, Miss etc)	FIRST NAME*	MIDDLE NAME:	SURNAME*

Date of Birth\*

Day	Month	Year

Gender (Please Tick)

<input type="checkbox"/> Femal
<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\*

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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: PROGRAMME AND SPONSOR DETAILS** (Programme codes and Titles are attached to this form)

PROGRAMMES\*

Choices	Programme Title	Programme Code	Year	Study Period	Location
1					
2					

SPONSOR/PRIVATE:

Sponsor Name:

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Sponsor Address


Sponsor's Phone:

Sponsor's Email:

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*Please Tick One*

<input type="checkbox"/> Private	<input type="checkbox"/> Private With Staff Concession
<input type="checkbox"/> Regional	

**(Note: If you are sponsored, it is important that your sponsorship letter is 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

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	Start	End
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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			
Contact Details			
Scan Documents			
Education Background			
Application Acknowledgement			
<b>OUTCOME:</b>			
Qualified		1 .....  2 .....  3 .....	
Qualify with Condition			
Unsuccessful			
Offer Letter Issued			
Offer Letter Received			
Admission			
Study Plan			
Enrolled			
Confirmation Letter			