

TELEPHONE: +677 42617 EMAIL: sas@sinu.edu.sb



Note: Please complete this form and return it to the Student Academic Services (SAS) Office (Kukum Campus) before the 10<sup>th</sup> August 2025. NO FORMS WILL BE ACCEPTED AFTER THIS DATE.

## **APPLICATION FOR ADMISSION TO GRADUATION**

PLEASE LISTEN OUT FOR FURTHER DETAILS AND ADVICE FROM THE STUDENT ACADEMIC SERVICES (SAS)
OFFICE FOR THE **CONFIRMED DATE, TIME AND VENUE FOR THE GRADUATION CEREMONY** 

1.	Student ID No:		Date of Birth:	
2.	First Name:Middle Name	:	Surname	
certific	e make sure that the spelling of your names are cate and transcript. If there is an issue with the as possible)		as these are the names that will appear on your of your name, see officers at the SAS office as	
Мс	obile No: Email Ac	dress:		
3.	Name of Faculty enrolled in (Please Tick ν)			
4. 5.	5. Have you previously been awarded any Diploma or Certificate? If "Yes", please indicate the award given and			
	the year received.  COURSE	YEAR	AWARD	
	COOKSE	ILAN	/wante	
6.	6. Indicate by ticking one of the boxes either to be present or absent from the graduation.  PRESENT ABSENT			
7.	Signature:	Date	·	

**Change of Name (s)**: Student wishing to change their surname should write to the Registrar, Student Academic Services (SAS), stating the reasons for the change and documents to verify the change of name or surname should attach copy of marriage certificate or letter from magistrate/statutory declaration for other cases.