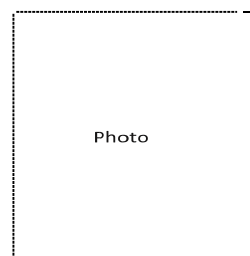




Solomon Islands National University
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 Honiara, Solomon Islands
 TELEPHONE: +677 42600
 WEBSITE: www.sinu.edu.sb



SHORT COURSE APPLICATION FORM FOR ADMISSION

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

Short Course applying for

Name of Course:	
Faculty/School/Department Name:	

SECTION A: PERSONAL DETAILS

Title	First Name	Middle Name	Surname
Mr, Mrs, Miss, Ms. <i>(Circle the relevant title)</i>			

Date of Birth

Day	Month	Year

Gender (Please Tick)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Marital Status (Please Tick)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other
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Phone Contact	
Email Address:	

SECTION B: STUDENT EDUCATION BACKGROUND

<u>Secondary and Pre-Certificate</u>			
Year 9 (Third Form)	Year 11 (Fifth Form)	Year 12 (Sixth Form)	Pathway Programme <i>(e.g. SINU UPC, USP Foundation etc.)</i>
School:	School:	School:	School:
Year:	Year:	Year:	Year:

Tertiary Studies Qualification

Institution	Course	Years Attended	Major Field of Study	Date Graduated (If applicable)

NOTE: You must attach all Certified Academic Transcript and Certificates.

Employment History

Current Employment: (If currently employed)	Organization	Title	Period of Employment	
			Start:	End:

Previous Employment

Years	Organization	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:

Date Received:		Stamp
Signature:		