

Student Academic Services (SAS) Office

PO BOX R113, Kukum Campus

Honiara, Solomon Islands

TELEPHONE: +677 42617

EMAIL: [admissions@sinu.edu.sb](mailto:admissions@sinu.edu.sb)

WEBSITE: [www.sinu.edu.sb](http://www.sinu.edu.sb/)

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| **APPLICATION FORM FOR ADMISSION 2026** |

(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 Section 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 forms. Please check (√) the required documents before submission.

Certified copies of Certificates, Academic results or Transcripts

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.***

1. All fields marked with (\*) are mandatory and must be completed.
2. The form must be completed and signed.
3. Send the completed form to: **Student Academic Services (SAS) Office**

**Solomon Islands National University**

**P. O. Box R113, Honiara**

**Email to:** [**admissions@sinu.edu.sb**](mailto:admissions@sinu.edu.sb)

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| **30th January 2026** |

1. The last day of submission is:

**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.***

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**Student ID Number:**

(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:  PartTime: |  |  | On Campus:  DFL: |  |  |
|  |  |
|  |  |
| 2 |  |  |  | Full Time:  Part - Time: |  |  | On Campus:  DFL: |  |  |
|  |  |
|  |  |

If you

tick

DFL, please

indicate

Provincial

Centre:

**CHOISEUL**

**WESTERN**

**MALAITA**

**HONIARA**

**MAKIRA**

**TEMOTU**

Taro

Gizo

Auki

Panatina

Maro’u Bay

Lata

Wagina

Munda

Afio

**SINU Finance**

Receipt

No.

Amount

Paid:

Date:



STAMP

**SECTION A: PERSONAL DETAILS**

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

Date of Birth\* Gender (Please Tick) \* Marital Status (Please Tick) \*

Single Married Other

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

Other



Female

Male

|  |  |
| --- | --- |
| Constituency: | Country of Citizenship: |
| Province: | Place of Birth: |
| Ward Name: | Passport Number:  *(If International and regional student(s) only)* |

|  |  |
| --- | --- |
| Postal Address: | Guardian Address ***(If under 18 years)*** |
|  | Name: |
| Residential address: | Address: |
| Email address: | Phone: |
| Phone Contact: | Email address: |

**Emergency Contact: \***

Provide details of a person who can be contacted in case of emergency. Indicate the relation of the person you have given:

|  |
| --- |
| Name: |
| Residential address: |
|  |
| Phone Contact: Mobile: Landline: |

Parent Other

Family

Member

Spouse Non Family

Member

**SECTION B: APPLICANT TYPE** *(✓ ) Tick one only) \**

|  |  |
| --- | --- |
|  | **School Leavers**  *(Those who have completed Form 6 or 7 within the last 5 years)* |
|  | **Pathway Applicant**  *(Those who have completed a University preparation programme, or undertaken TVET, or higher education studies at a recognized institution).* |
|  | **Mature Age Applicant**  *(No formal study in the last 5 years)* |
|  | **International Applicant**  *(Non- Solomon Islands citizen)* |

**SECTION C: SPONSOR DETAILS**



SPONSOR/PRIVATE: Sponsor’s Phone:

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| Sponsor Name: |

Sponsor’s Email:

Sponsor Address

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***Please Tick One***

Private Private With

Staff Concession

Regional

(Note: *If you are sponsored, it is important that your sponsorship letter is attached to this application)*

**SECTION D: STUDENT EDUCATION BACKGROUND**\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary and Pre-Certificate** | | | |
| **Third Form** | **Fifth Form** | **Sixth Form** | **Pathway Programme**  (e.g. SINU UPC, USP Foundation etc.) |
| School: | School: | School: | School/Institution  : |
| 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 | Programme | Years Attended | Major Field of Study | Date Graduated  (If Applicable) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***NOTE:*** *You must attach Certified copies of all 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 |

Previous Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Years | Organisation | Job | Start | End |
|  |  |  |  |  |
|  |  |  |  |  |
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**SECTION E: SPECIAL NEEDS/DISABILITY**

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| Do you have special needs, medical conditions or any disabilities that SINU should be aware of:  YES NO  If yes, please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please attach a copy of medical report)* |

**SECTION F: STUDENT DECLARATION**

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| 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. |

