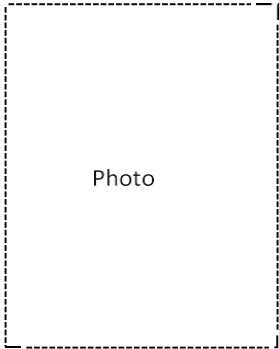




Student Academic Services (SAS) Office  
 PO BOX R113, Kukum Campus  
 Honiara, Solomon Islands  
 TELEPHONE: +677 42617  
 EMAIL: [sas@sinu.edu.sb](mailto:sas@sinu.edu.sb)  
 WEBSITE: [www.sinu.edu.sb](http://www.sinu.edu.sb)



**APPLICATION FORM FOR ADMISSIONS**

(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
  - 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 received 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: **JULY 5 2024**

**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"/>

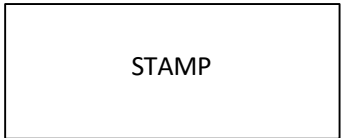
If you tick DFL, please indicate Provincial Centre:

<b>CHOISEUL</b>	<b>WESTERN</b>	<b>MALAITA</b>	<b>HONIARA</b>	<b>MAKIRA</b>	<b>TEMOTU</b>
Taro <input type="checkbox"/>	Gizo <input type="checkbox"/>	Auki <input type="checkbox"/>	Panatina <input type="checkbox"/>	Marau <input type="checkbox"/>	Lata <input type="checkbox"/>
Wagina <input type="checkbox"/>	Munda <input type="checkbox"/>	Afio <input type="checkbox"/>			

**SINU Finance**

Receipt No.  Amount Paid:

Date:  Cashier's Name:



## APPLICATION FOR ADMISSION (STUDENT DETAIL REGISTRATION)

Please PRINT the information required clearly

### SECTION A: PERSONAL DETAILS

TITLE* <small>(Mr, Mrs, Miss etc)</small>	FIRST NAME*	MIDDLE NAME:	SURNAME*

Date of Birth\*

Day	Month	Year

Gender (Please Tick)

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

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

	<i>Please Tick if you have any Special Needs and Attached appropriate medical Report</i>
--	--

### SECTION B: PROGRAMME AND SPONSOR DETAILS (Programme codes and names are attached to this form)

PROGRAMMES\*

Choices	Name of Programme	Programme Code	Year	Study Period	Location
1					
2					

SPONSOR/PRIVATE:

Sponsor Name:

Sponsor Phone:

Sponsor Address


Sponsor Email:

*Please Tick One*

<input type="checkbox"/> Private	<input type="checkbox"/> Private With concession (Staff)
<input type="checkbox"/> Regional	

**(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**

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	
		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.

Applicant Signature:

Date:

**FOR OFFICIAL USE ONLY**

	Date	Comment	CC/Initial
<b>Student Registration</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Contact Details</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Scan Documents</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Education Background</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Application Acknowledgement</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OUTCOME:</b>			
<b>Qualified</b>	<input type="text"/>	1 ..... 2 ..... 3 .....	<input type="text"/>
<b>Qualify with Condition</b>	<input type="text"/>		<input type="text"/>
<b>Unsuccessful</b>	<input type="text"/>		<input type="text"/>
<b>Offer Letter Issued</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Offer Letter Received</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Admission</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Study Plan</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Enrolled</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Confirmation Letter</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>