

Student Academic Services (SAS) Office PO BOX R113, Kukum Campus

Honiara, Solomon Islands

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

# Photo

Programme

#### **APPLICATION FORM FOR ADMISSIONS 2025**

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

- This Form **MUST** be completed by **EVERY** person seeking admission to SINU. 1.
- All questions in Sections A to D where appropriate must be answered, incomplete application forms will NOT be considered. 2.

#### CHECKLIST OF REQUIRED DOCUMENTS 3.

- 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. Any Application form received without the above will not be considered. Note:
- All fields marked with (\*) are mandatory and must be completed.
- 4.
- The form must be completed and signed. 5.
- Send the completed form to: 6.

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> December 2024

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.

Note:

(If you are a former SICHE/SINU Student)

ADDI VING FOR\*

Choices	Programme Title	Programme Code	Location	Course Load (Please tick)	Attendance Mode (Please tick)
1				Full Time:	On Campus:
2				Full Time:	On Campus:
lf you tick DFL	, please indicate Provincial Centre: CHOISEUL WESTERI Taro Gizo Wagina Munda	N MALAITA	Panatina	MAKIRA Maro'u Bay	TEMOTU
INU Finance	Amount Paid:			STA	AMP
Date:	Cashier's Name:				

### APPLICATION FOR ADMISSION (STUDENT DETAIL REGISTRATION)

#### Please PRINT the information required clearly

### SECTION A: PERSONAL DETAILS

TITLE* (Mr, Mrs, Miss e	tc) FIRST NAME*	MIDDLE NAME:	SURNAME*
Date of Birth* Day Mont	h Year	Gender (Please Tick) Femal Male	Marital Status (Please Tick)
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 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					

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#### SPONSOR/PRIVATE:

Sponsor Name:	Sponsor's Phone:
	Sponsor's Email:
Sponsor Address	
	Please Tick One
	Private With Staff Concession
	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 atta	ach all Certified Acaden	nic Transcript and Certi	ficates for the Tertiary Qualificat	tion you attained.		

#### **Employment History**

Current Employment: (If currently employed)		Title	Period of Emplo	oyment	
				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
Student Registration			]	
Contact Details			]	
Scan Documents			]	
Education Background				
Application Acknowledgement				
	OUTCOME:			
Qualified		1		
Qualify with Condition		2		
Unsuccessful				
		3		
Offer Letter Issued				
Offer Letter Received				
Admission				
Study Plan				
Enrolled				
Confirmation				
Letter				