



College of Medicine, Nursing & Health Sciences - Fiji School of Medicine

APPLICATION FOR ADMISSION TO A POSTGRADUATE PROGRAM

This form is also available on FSMed website address:

Name:	FSMed ID Number:	
Program:	Semester:	Year:

Please tick (✓) the Department in which you will pursue your postgraduate studies:

Medical Science	Health Science	Oral Health	Public Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION CHECKLIST

- Your application will be deemed **incomplete** if the required documents are not submitted.
- Photocopied (non-original) documents must be certified by a Justice of Peace or Senior Civil Servant.
- Do not submit photocopies of a certified copy.

Please tick (✓) the check box to indicate the documents that you have submitted with your application.

- Birth Certificate (only if you do not have FSMed student ID).
- Married Certificate or Deed of Poll (if your last name has changed since you were last registered at FSMed).
- Statement of research intent or draft thesis proposed certified copies of all award certificates and full academic transcripts.
- Full detailed curriculum vitae.
- Other documents. Please specify

Please ensure that you have filled in this checklist before submitting this form

WHERE TO SEND YOUR COMPLETE APPLICATION FORM

Posted to:

The Academic Office
Fiji School of Medicine
Private Mail Bag
Suva, Fiji

Delivered to:

The Academic Office
Fiji School of Medicine
Hoodless House
Brown Street
Suva, Fiji

CLOSING DATES

The deadline for the receipt of application by the Fiji School of Medicine is:

29th October, 2015

SECTION A: PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Title:
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Postal/Vacation Address: (This address will be used for notification of this application, semester 2 results and Christmas break correspondence)

Telephone:	Fax:	Email:
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Gender: Male ... Female ...	Marital Status: Married ... Single ...
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<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth
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DAY MONTH YEAR Certified copy of birth certificate must be attached

Citizenship:	Country of Residence over the last 5 years:
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Semester Address: (This address will be used for correspondence during the semester and semester 1 result)

Telephone:	Fax:	Email:
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Vacation Address: (This address will be used for correspondence during the semester and semester 1 result)

Telephone:	Fax:	Email:
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Emergency Contact:

Please provide the name and a street address of one person who can be contacted on your behalf in case of emergency. In the 2nd box provided, tick (3) appropriately to indicate the relationship to the person whose name you have given.

Parent ... Spouse ... Other family member ... Other non-family member ...

Address:

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SECTION B: PERSONAL DETAILS

Program:

Major Field of Study:

Department in which you propose to study:

Mode of Study: Full time ... Part Time ... DFL ...

List the Sponsors applied for:

- 1
- 2
- 3

Courses you propose to take:

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Proposed thesis or supervised research project topic

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SECTION C: DETAILS OF ACADEMIC AND PROFESSIONAL QUALIFICATIONS

INSTITUTION	YEAR	QUALIFICATION
1		
2		
3		
4		
5		
6		
7		

SECTION D: EMPLOYMENT HISTORY

Current Occupation:

Name of your Current Employer and period of Employment

YEARS	ORGANIZATION	POSITION	
1			
2			
3			
4			
5			

SECTION E: DECLARATION

I certify that the information given in this application is complete and accurate to the best of my knowledge.
I acknowledge that FSMed reserves the right to deny me admission or cancel my registration if the above information is incorrect or incomplete.

Applicant's Signature: _____

Date _____

FOR OFFICIAL USE

Tick (3) the appropriate program

Approved Program: ... Doctorate ... Master's ... PGDip ... PGCert

Approved Courses	
Approved Thesis Topic	
Approved Supervisor	

Signature: _____
Program Coordinator

Date: _____

FOR ACADEMIC OFFICE UPDATE

Initial: _____

Date: _____