



UNIVERSITY OF THE SOUTH PACIFIC  
SCHOOL OF DISTANCE EDUCATION

UNIVERSITY OF THE SOUTH PACIFIC  
SCHOOL OF DISTANCE EDUCATION  
PO BOX 11000  
SUVA, FIJI

*[Handwritten signature]*  
Date: *[Handwritten date]*

NAME OF APPLICANT

DATE OF BIRTH

DATE OF EXAMINATION

APPLICANT'S ADDRESS  
APPLICANT'S PHONE NO.  
APPLICANT'S EMAIL ADDRESS

APPLICANT'S PHOTO (PASTE HERE)

APPLICANT'S SIGNATURE (PASTE HERE)

APPLICANT'S FINGERPRINTS (PASTE HERE)

APPLICANT'S DECLARATION (PASTE HERE)

APPLICANT'S PHOTO (PASTE HERE)

APPLICANT'S SIGNATURE (PASTE HERE)

APPLICANT'S FINGERPRINTS (PASTE HERE)

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