IA AO SAMOA

APPLICATION FOR ADMISSION

National University of Samoa

APPLICATION CHECKLIST

Applicants are to use this form if they are APPLYING to the National University of Samoa (NUS) for the FIRST TIME , or by NUS STUDENTS APPLYING for ADMISSION TO A NEW PROGRAMME. (NUS students need not submit documents listed below unless otherwise required).

Please tick the boxes below to indicate the documents that are attached to this form.

☐Certified copy of birth certificate or passport

☐Certified copies of Samoa School Certificate (except if still awaiting results)

☐Certified copies of SSLC (except if still awaiting results)

☐Certified copies of tertiary qualifications (except for qualifications obtained through NUS)

☐ Research Proposal for Master's by Thesis & Doctoral applicants only

☐ Other documents (please specify) _____

For mature applicants

☐Evidence from employers and/or trainers of at least two years' full-time relevant work experience and/or training (e.g. curriculum vitae including referees, letter of recommendation, etc.)

Please ensure that you have all the requirements stated in this checklist before submitting this form.

i. Your application will be deemed incomplete if all the necessary documents are not submitted.
ii. Photocopied (non-original) documents must be certified by a Justice of the Peace , the Office of the Attorney-General or the Student Administration Office at NUS.
iii. Do not submit photocopies of a certified copy.

UNIVERSITY CONTACT DETAILS

Mailing address:
Student Administration Office
Chancellery Building
Le Papaigalagala Campus
National University of Samoa
PO Box 1622
To 'omatagi
SAMOA
Website:
http://www.nus.edu.ws/

Telephone: (+685) 20072 exts 126/127/128/132/297

Fascimile: (+685) 25489
Email: studentenquiries@nus.edu.ws

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SECTION A **APPLICANT DETAILS** (PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

NUS student ID number (if applicable)	
Last name(s)	
First name(s)	
Date of birth (dd-mm-yyyy)	
Title (please tick one)	☐Other ☐Mr ☐Mrs ☐Ms
Gender (please tick one)	☐Male ☐Female
Village	
Marital status (please tick one)	☐Single ☐Married ☐Divorced ☐Widowed
Contact phone number (landline)	
Contact phone number (mobile)	
Contact email	
Citizenship of applicant	
Last school attended	
Personal contact in case of emergency	
Relationship to applicant	
Their phone number	

SECTION B **PROGRAMME AND MAJORS/MINORS** (PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

Programme you wish to apply for (e.g. Bridging course, Foundation, Certificate, Certificate, Diploma, Bachelor, Graduate Diploma, Post-graduate Diploma, Masters)

Majors/Minors - you only fill out these sections if you are applying for a degree (e.g. Bachelor of Arts, Bachelor of Commerce, Bachelor of Education, Bachelor of Nursing, MBBS or Bachelor of Science Program)

Please fill in all three choices as 2nd and 3rd choices may be considered if places are not available or if you do not qualify for your 1st choice

	Programme	Major(s)	Minor
1st choice			
2nd choice			
3rd choice			

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SECTION C EDUCATIONAL BACKGROUND (PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

A. College (Secondary) Qualifications *Certified copies must be attached (except if still awaiting results)*

i. Samoa School Certificate or equivalent

Year Sat **Total of English & best three subjects**

Subject	English						TOTAL
Score							

ii. SSLC or equivalent

Year Sat **Total of English & best three subjects (raw scores)**

Subject	English						TOTAL
Score							

B. Tertiary Qualifications

Qualification *(e.g. Diploma Secretarial Studies)*	**Years attended** *(e.g. 2001-2002)*	**Institution** *(e.g. Samoa Polytechnic)*	**Qualification completed (Y/N)**

SECTION D RELEVANT WORK EXPERIENCE AND/OR TRAINING (PRINT CLEARLY IN CAPITAL LETTERS)

Employer	**Position**	**Period of employment**

SECTION E APPLICANTS WITH A DISABILITY

The National University of Samoa has a strong tradition of supporting individuals with disabilities to thrive at the University. To ensure that individuals with a disability at the University are provided with equal opportunity, applicants are encouraged to indicate any support the University may offer them. Any disclosure of disability will be used for administrative purposes alone, and will be treated with confidentiality.

_____

SECTION F DECLARATION

I declare that the information I have given in this application is true and complete. I understand that giving false information may result in my exclusion from the University.

Signature of Applicant _____ Date _____

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FOR OFFICAL USE (PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

1. Application review ☐COMPLETE ☐INCOMPLETE ☐HOLD ☐PENDING RESULTS

Comments: _____

Reviewed by: _____ Date: _____

2. Application forwarded to Faculty

Entered by: _____ Date: _____

3. Application assessment ☐APPROVED ☐NOT APPROVED

Programme: _____ Major(s): _____ Minor(s): _____

Notes by authorising officer on decision taken: _____

_____

Authorised by: _____ Date: _____

4. Application database update

Updated by: _____ Date: _____

CLOSING DATES

DEADLINE Submission of Applications for Admission to the Student Administration Office are:

SEMESTER 1: January **SEMESTER 2: June**

Once you are approved for admission then you must see the faculty to enrol in courses for each semester.

Enrolment **SEMESTER 1: February** **SEMESTER 2: July**

Specific dates are available from the University Calendar.