

STUDENT ID NUMBER

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SAS 20

P.O. Box 7222 Nasinu FIJI. Telephone: (679)3394000/(679)3381044
 Facsimile: (679)3393230
 Website: www.fnu.ac.fj

APPLICATION FOR CROSS CREDIT (RECOGNITION OF CURRENT COMPETENCIES)

A. PERSONAL DETAILS

Surname: _____ First Name: _____
 Other Name(s): _____ Date of Birth: _____

B. PROGRAMME OF STUDY

Phone: _____ Email Address: _____
 College: _____ Campus: _____
 Programme to which accreditation is sought: _____
 Major: _____ Major: _____ Minor: _____

C. Information on Work Experience & Training

This information needs to be filled by students who have gained appropriate skills through Work Experience.
 For each skill for which Recognition of Current Competency is sought, please provide analysis in the following format that needs to be included in the Curriculum Vitae. (For further information use another page and add as attachments)

I. Name of Employer	
II. Position/Profession	
III. Date of Employment	
IV. Evidence of knowledge, skills and attributes from work experience	

D. Information on Other Trainings and Developments

This is to be filled by students who have gained appropriate learning and skills through trainings and developments, for example, in-house programmes and trainings/short courses/etc.

For each unit for which Recognition of Current Competency is sought, please provide analysis in the following format that needs to be included in the Curriculum Vitae.

I. Title of Training	
II. Duration	
III. Certificate Issuer(s) and Country	
IV. Unit/Course Name and Code for which Cross Credit sought	
V. Evidence of knowledge, skills and competencies from training and development	

E. Attachment

1. Certificates
2. Transcripts
3. Curriculum Vitae
4. Certificate from Employer/Letter from Employer
5. FNPf Employee Record
6. Other documentary evidence

The college committee may request for other evidences and assessments. Fees will be deemed for RCC assessment.

F. Declaration

Signature of Applicant: _____ Date: _____
DD/MM/YYYY

G. Confirmation of Decision by College Committee

Based on above assessment, the Recognition of Current Competencies assessment team has decided on the following decision:

- A. The College Committee requests for further evidence for assessment.
 1. Demonstration of skills
 2. Interview
 3. Assessment
 4. Portfolio of evidence

5. Other documented evidence

B. Final Decision

Unit/Course Code	Unit/Course Name	Approved / Not Approved
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Comments:

College Committee	Date:	Stamp:
ADL&T: _____	_____ DD/MM/YYYY	
HOS/HOD: _____	_____ DD/MM/YYYY	
College Dean _____	_____ DD/MM/YYYY	

H. Student Academic Services

Student Academic Services	Date:	Stamp:
Registrar: _____	_____ DD/MM/YYYY	
Data Processing Officer: _____	_____ DD/MM/YYYY	

I Finance Division

Fee Charged: \$ _____

Receipt Number: _____

Cashier:	Date: (DD/MM/YY)	Stamp
_____	_____	