

## APPLICATION FOR ADMISSION TO ALL COURSES 2016

Private Mail Bag, NADI AIRPORT, Fiji Islands

Admission to Fulton is available to any student who meets the academic and character requirements of the College and who expresses willingness to cooperate with its policies. As the College is operated by the Seventh-day Adventist Church, the majority of its students are Seventh-day Adventists. However, no particular religious commitment is required for admission; any qualified student who is comfortable with its religious, social, and cultural atmosphere may be admitted. The College does not discriminate on the grounds of race, gender, colour, creed, national, or ethnic origin, disability or other legally protected characteristics.

Overseas students must attach 3 recent passport size photos here.

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SECTION 1:	PERSONAL INFOR	MATION				
		your passport or othe	r officia	l document	Į	
•						
Legal Name					Male 🔘	Female 🔘
	Last (Family)	First	Middle			
Date of Rirth				Email Address		
Date of Birtin_	(dd/mm/yy	)	_	Linaii Addiess		
Marital Status				Telephone No		
	(single, married, etc.)					
PERMANENT A	ADDRESS					
	Number and :	Street				
City/Tow	 /n	Province			Country	
Phone (	١			Mobile (	١	
Country	,			Country		
	ur current adaress fo	or all admission corre	esponaer 	nce, if different i	to the above	
City/Tow	 /n	Province			Country	
Email Address						
EMERGENCY C						_
Please provide	the name and cont	act of the person who	o can be	contacted on ye	our behalf in	case of an emergency.
First N	lame	Middle Name			Last Name	
Phone (	)			Mobile (	)	
Country			_	Country		
Email Address				Relationship t	o Applicant	

Please attach certified copies of results an	nd qualification	n certifi	cate.				
Form/Grade/Course					·		
Will/did you graduate from High School/College? Yes O No							
If so, list date of graduation:							
(Please sen	nd certified copy o	of exam r	esults)				
Are you currently enrolled in school/Colle	ege?	Yes	$\bigcirc$	No	$\bigcirc$		
Name of institution							
When do you expect to graduate?							
If your education has been interrupted, pl to the end of the application.	lease detail yo	our activ	rities sin	nce last e	enrolled.	Please attach your response	
<b>EMPLOYMENT INFORMATION</b> List any work experiences (including sumn	ner jobs) durir	ng the p	ast thre	e years.			
Employer Job Description						Dates of Employment	
MATURE AGE ENTRY							
A small number of places are made ava academic qualifications. To be consider Examination. This examination is open intend to begin studies at Fulton.	ed for one of	these p	laces, a	n applica	ant is rec	uired to sit the Mature Age	
If you are seeking Mature Age Entry, ple	ase indicate b	y tickinį	g this ci	rcle.	$\supset$		
Contact the College for a	an arranaemei	nt to he	made f	or vou t	n sit the A	examination	
contact the contact of	an arrangemen	11 10 50	made j	or you to	o ore tire t	Xammadon	
PROGRAM OF STUDY  Place a tick in the appropriate box of the p	program you v	wish to (	apply fo	r:			
Postgraduate Diploma in Education	□ Bachelo	or of Bus	siness [A	ccountir	ng & Man	agement]	
Postgraduate Diploma in Theology	□ Bachelo	or of Bus	siness [lı	nformati	on Syster	ns]	
Graduate Diploma in Adventist Education	Bachelo	or of Bus	siness [N	/larketin	g]		
Graduate Diploma in Adventist Studies	Bachelo	or of Edu	ucation	[Primary	]		
Graduate Diploma in Theology	Bachelo	or of Edu	ucation	Early Ch	ildhood E	ducation]	
Bachelor of Education HON [Primary]	Bachelo	or of The	eology				

Certificate in Foundation Studies

SECTION 2:

Bachelor of Theology (HONORS)

ACADEMIC INFORMATION

STATEMENT OF PURPOSE Include a statement of up to 1 Write in the lines provided.	50 words including why you w					
Names of two Referees (not re				on.	No	
Have you ever been placed on or expelled from any school or	•	vea, aismissea	Yes		No	
Other than traffic offenses, ha felony, or other crime?	ve you ever been convicted o	f any misdemeanour,	Yes		No	
If you have answered yes to incident. Attach your respons						each
REFEREE #1						
First Name Position:	Middle Name	Last Relationship to Appli	Name cant			
Address						-
Phone Contact		Mobile				
Email Address						
REFEREE #2						
First Name	Middle Name	Last	Name			
Position:		Relationship to Appli	cant			
Address						
Phone Contact		Mobile				
Email Address						

## **SECTION 4: ACCOMMODATION**

Place a tick on one circle only. I wish to apply for:

Residence Accommodation for Singles Students Only	Residence Accommodation for Married Students Only
O No Accommodation needed – Day student	No Accommodation needed – Day student
Accommodation in the Ladies' Residence	○ Two bedroom house
Accommodation in the Mens' Residence	○ Three bedroom house
	Number of children:
Please note that dormitory accommodation is for s	ingle students only.
SECTION 5: FINANCIAL INFORMATION	
Are you applying for financial aid (sponsorship)?	Yes   No
If you are applying for financial aid, when did/will you file	e the appropriate form(s)?
Sponsor's name and address. Put 'self-sponsored' if no o	organisation or person is supporting you.
First Name Middle Name Address	Last Name
Phone Contact/Mobile	Email
duly authorised officer, must be sent with the application  DECLARATION	er on the official letterhead of the organisation, signed by a n form to confirm sponsorship.  supplemental information) is correct and true and honestly presented and that
<ol> <li>I am the person submitting this application. I acknowledge that is incorrect or incomplete, or if there are insufficient resources be dismissed if I have provided incorrect information.</li> <li>I recognise that Fulton is a Christian College structured on the and principles of the Church and I accept the obligation to live</li> <li>I further agree not to engage in drinking alcohol in any form, s</li> </ol>	that the College reserves the right to deny me admission if the information given to offer the course/program for which I have applied. I understand that I can principles of the Seventh-day Adventist Church. I am familiar with the ideals in harmony with those principles as I become part of campus life. moking, chewing betelnut, using illegal drugs, or bringing such substances or required to leave the College should I break any of these regulations.
Signature of Applicant	Date
(Your signature here) (Your application will be deemed in	ncomplete if you do not sign this form)
WHERE TO SEND YOUR COMPLETED APPLICATION FOR	M:
The Academic Registrar   Fulton College, Private Mail Bag	, Nadi Airport, FIJI ISLANDS Email: <a href="mailto:nmanuca@fulton.ac.fj">nmanuca@fulton.ac.fj</a>
<ol> <li>Character reference- For school leavers, reference from Church pastor. References to be sent directly to Fulton from the A. Health certificates (from a medical doctor – for all appliables). Birth certificate (all applicants. This includes family mer</li> </ol>	cants. This also includes family members of the principal applicant. mbers of the principal applicant). members of the principal applicant who are 18 years or more).

Your form will be deemed **INCOMPLETE** if the required documents are not submitted. Documents submitted with your application will **NOT** be returned. If you do not wish to submit original documents then you should submit copies that have been certified by a Commissioner of Oaths, a Senior Civil Servant, or a school principal. Your documents will be rejected if they show alterations, erasures of any kind, or falsification.