

THE UNIVERSITY OF THE SOUTH PACIFIC SCHOOL OF DISTANCE EDUCATION

UNIVERSITY OF THE SOUTH PACIFIC
SCHOOL OF DISTANCE EDUCATION
STUDENT INFORMATION SHEET

PLEASE PRINT CLEARLY IN BLOCK LETTERS
YOUR NAME, ADDRESS AND CONTACT INFORMATION
AS APPEARS ON YOUR PASSPORT AND
YOUR CURRENT RESIDENCE PERMIT
(IF APPLICABLE). PLEASE PRINT YOUR
NAME AND ADDRESS IN BOTH ENGLISH
AND YOUR NATIVE LANGUAGE.

NAME (LAST, FIRST, MIDDLE)
'NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, POSTAL BOX, VILLAGE)
CITY/TOWN, ISLAND/COUNTRY
TELEPHONE (HOME, OFFICE, MOBILE)
E-MAIL ADDRESS

DATE OF BIRTH (DD/MM/YYYY)
SEX (M/F)
CITIZENSHIP (COUNTRY)
EDUCATIONAL QUALIFICATIONS
(SCHOOL, COLLEGE, UNIVERSITY)
PROFESSIONAL QUALIFICATIONS
(TEACHING, NURSING, etc.)
EMPLOYMENT HISTORY (DATE, NAME, ADDRESS)
REFERENCES (NAME, ADDRESS, PHONE)
SIGNATURE (DATE)

DECLARATION: I hereby declare that the information
provided above is true and correct to the best of
my knowledge and belief. I understand that
provision of false information may result in
my application being refused and may be
considered an offence under the relevant
legislation.

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