

APPLICATION FOR ADMISSION

TO AN UNDERGRADUATE PROGRAMME

This form is also available on the NUS website: www.nus.edu.ws

APPLICATION CHECKLIST

Applying for the first time?

• Please complete this application form and attach certified documents listed in the checklist with the application.

Applying for a New Programme since completing another NUS Programme?

• Please submit this application form only.

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

- i. Your application is 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 a registered solicitor. The University can also certify your documents if you submit copies and present the original document.

☐ Certified copy of your Birth Certificate or Passport (only if you do not have a NUS Student ID Number)

iii. Do not submit photocopies of a certified copy.

Please	tick the	check b	ox to ind	licate the	documents	that have	been sub	mitted with	the applic	cation:

	Proof of Measles Immunization record							
	Proof of Covid-19 Immunization record							
	Certified copy of Samoa School Certificate (or equivalent)							
	Certified copy of Samoa S	School Leaving Certi	ficate (or equivalent)					
	Certified copy of Tertiary	Qualifications (exc	ept for qualifications	obtained through NUS)				
	Evidence from employer				xperience and/or			
	training (e.g. curriculum vitae including reference(s), letter of recommendation, etc.)							
CE/CT	ION A. Annlicent Details (Dlagas www.et alasada.	: CADITAL LETTEDO	Y				
	ION A: Applicant Details (I NUS Student ID Number:	Please print clearly :	IN CAPITAL LETTERS)				
	(If you were previously granted							
	admission)							
(10)	Last name(s): tappears on your Birth Certificate							
(AS I	or Passport)							
	First name(s):							
(As it appears on your Birth Certificate or Passport)								
	Date of Birth		,	,				
(DD/MM/YYYY):			/	/				
Title (please tick one):		□ Mr	□ Mrs	□ Ms	□ Other			
True (pieuse tiek one).								
Gender (please tick one):		□ Female		□ Male				
	Village:							
M	larital Status (please tick	□ Single	□ Married	□ Divorced	□ Widowed			
m 1	one):	- 8 -						
ı elep	ohone Number (Landline or Mobile):							
	•							
	E-mail Address:							
	Citizenship:							
	Giuzensinp:							
	Last School Attended:							

Emergency Co	ntact: (Provide details of a person	who can be contacted in	n case of an emergency)						
	Full Nam	e:							
	Relation to applican	nt:							
Telephone N	umber (Landline or Mobile	e):		_					
	E-mail Addres	SS:							
CECTION D. D.	agramma and Majara /Min	ora (Diocco print	aloowly in CADITAL LETTEDO						
Programme you			clearly in CAPITAL LETTERS) ndation Certificate, Certificate	s, Diplomas, Bachelor					
_	To be completed if you are	e applying for a B	achelor's Degree.						
	hree (3) choices as 2^{nd} and		oe considered if places are not	available or if you do not					
	Programme		Major(s)	Minor					
1st Choice									
2 nd Choice									
3 rd Choice									
SECTION C: Cr	edit Transfer and Recognit	ion of Prior Learn	ning						
Those who wish	to apply for credit for cou	rses completed a	t NUS for a different programn	-					
at another recog	at another recognised tertiary institution are to please complete an Application for Credit Form.								
	Section A Cross Credit – Courses previously completed at NUS for a different programme Please refer to the NUS Calendar for credit regulations.								
	<i>Prease refer to the NOS Cale</i> Credit – Courses passed at a								
	Please attach:		,						
	 Certified copies of y 								
			d for which you are now seeki of those courses, content cover	_					
	assessment	taneu the length t	or those courses, content cover	eu, ievei aliu basis oi					
			urses that can be credited fron	another Recognised					
	Tertiary Institution to an No	1 0							
	ilable during the Semester han Week 2, Friday of the S		ek and must be handed in to th	e Student Administration					
			. CARMAL ARMEDO						
	lucational Background (Ple		in CAPITAL LETTERS) ertificates and insert individua	l marks for Samoa School					
) and Samoa School Leavin	•		Tillarks for ballion belloof					
SSC (or equiva	lent)		SSLC (or equivalent)						
SEN No.:	Y	ear:	SEN No.:	Year:					
School:			School:						
Subjects		Marks	Subjects	Marks					
English			English						
Total:			Total:						

Ot	her Qualifications:	(Please attach certified copies of results and certificates of qualification	ns indicat	ed below)					
1.	Qualification		Y	'ear					
2.	Qualification		Y	ear					
	ou are awaiting gra npletion Letter fron	duation or completion from another institution, please submit a n that Institution.	certifiea	d copy of your					
		perience And/Or Training (Print clearly in CAPITAL LETTERS)	_						
	_	ou do not have a formal qualification, please attach a recent Curri your work experience and duration of employment.	iculum V	itae including					
1.	Position/Employe	er en	Period						
2.	Position/Employe	er er	Period						
3.	Position/Employe	er	Period						
The united and the second seco	SECTION F: Applicants with Special Needs The National University of Samoa has a strong tradition of supporting individuals with special needs to thrive at the university. To ensure that such individuals at the University are provided with equal opportunity, applicants are encouraged to indicate any support the University may offer them. Supporting documents describing your special needs and its impact on the applicant should be attached with this form and such disclosure will be used for administrative purposes only, and will be treated with confidentiality. Special needs – State the nature of your disability (e.g. Visual disability and/or hearing disability etc.) Support or Special Needs – Type of support required to study.								
An	Any other relevant information the University should know to assist with your studies.								
I de		on mation I have given in this application is true and complete. I un t in exclusion from the University.	derstand	l that giving false					
	gnature of Applican		Date: _						

(Your Application will be deemed incomplete if you do not sign this form)

FOR OFFICIAL USE									
1. Application review: \square Complete \square Incomplete \square Hold \square Pending Results									
Comments:									
Reviewed by: Date:									
2. Faculty A	2. Faculty Assessment:								
	Approved	Programme:							
1st Choice	Not Approved	Majors(s):			Minor:				
1° Choice	Notes by Authorising Officer:								
	Authorising Officer:				Date:	/	/		
	Approved	Programme:							
2nd Choice	Not Approved	Majors(s):			Minor:				
Z nd Choice	Notes by Authorising Officer:								
	Authorising Officer:	Date:	/	/					
	• Approved	Programme:							
2rd Chaire	Not Approved	Majors(s):			Minor:				
3 rd Choice	Notes by Authorising Office								
	Authorising Officer:				Date:	/	/		
If 1st Choice is Not Approved , then please REFER to appropriate Faculty or RETURN to Student Administration Office (Step 1 during Enrolment Week).									
If Approved , please REFER to Student Administration Office (Step 2 during Enrolment Week)									
3. Artena Update:									
Updated by:	_				Date:				

CLOSING DATES

DEADLINE for submission of Application for Admission to the Student Administration Office are:

Semester 1: January Semester 2: July

Once Approved for Admission then you must see your Faculty during Enrolment Week to enrol in courses for each semester.

Specific dates are available from the University Calendar.

For any enquiries, please email studentenquiries@nus.edu.ws.