



FIJI HIGHER EDUCATION COMMISSION

APPLICATION FOR AMENDMENT

(Regulation 17 of the Higher Education Regulations 2009)

Name of Institution	
Type of Institution	
Recognition Number of Institution	

Category of Institution (Please choose a number from the table at the back of this form)	
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FOR OFFICIAL USE

File Number _____ Receiving Officer _____

Signature _____ Date ____/____/20____

Summary of Amendment		
Detail to be amended	Original detail	Amendment

Amended by _____ Designation _____

Signature _____ Date ____/____/20____

Comments:

Name of Director _____ Signature _____

Date ____/____/20____

Instructions for completing this form

Section A

- 1- 5 provide administrative information on the institution, as contained in the application form for registration – Schedule 2 Form 1.

Section B

- **Data to be amended**
- **Current Data** - write the data which is to be amended, as it appears in Schedule 2 Form 1.
- **New Data** - write the proposed amended data, as it should appear after the amendment.
- **Comments** - if any, that you wish to include.

Declaration - to be completed by the authorized person and attached to this form.

Section A Table 1 Administrative Information
[as contained in the application form for Registration]

1. Name of institution	
2. Certificate of Recognition Number	
3. Location	
4. Postal Address	
5. Particulars of authorized contact person	Name: _____ Designation: _____ [CEO / Managing Director / Chairman/ Vice- Chancellor etc.]

Section B Table 2 Data to be amended on the Institution's Application for Registration

Please indicate the information that is to be amended by completing the table given below.

Detail to be Amended	Current Details	New Details	Comments (if any)
1. Name of the institution			
2. Type of institution			
3. Proposed sites of delivery			
4. Student enrolment			
5. Other(s) (specify)			

[Use extra sheets if necessary and attach]

FIJI HIGHER EDUCATION COMMISSION

DECLARATION

I, _____
[full name of authorized officer]

the _____
[designation of the authorized officer]

of the _____
[name of the institution]

do solemnly and sincerely declare that the information contained on the preceding pages is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable for prosecution.

Declared at _____ }
this _____ day of }
_____, 20____. }

.....

[Signature]

(To be signed in front of the witness)



Official Stamp of the Institution

Before me:

[Full name of witness**]

.....

[Signature of witness]

Occupation _____

Address: _____

Date: _____

Phone No. _____

** This declaration can only be witnessed by a legal practitioner

Table on Category of Higher Education Institutions

Category Number	Description
1	Vocational Institution
2	Local Higher Education Institution conferring single awards up to diploma level
3	Local Higher Education Institution conferring multiple awards up to diploma level
4	Overseas Higher Education Institution conferring multiple awards up to diploma level
5	Local Higher Education Non-University Institution or Non Degree-awarding Institute of Technology conferring awards up to degree level
6	Overseas Higher Education Non-University Institution or Non Degree-awarding Institute of Technology conferring awards up to degree level
7	Overseas University or Degree-awarding Institute of Technology
8	Local University or Degree-awarding Institute of Technology