



**FIJI HIGHER EDUCATION COMMISSION**  
**APPLICATION TO AMEND DETAILS IN THE REGISTER OF**  
**HIGHER EDUCATION INSTITUTIONS**

(Regulation 29(2))

Name of Institution	
Recognition Number of Institution	
Registration Number of Institution	

Category of Institution (Please choose a number from the table on page 2 of this form)	
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**FOR OFFICIAL USE**

Fees paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ File Number \_\_\_\_\_

Receiving Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_/\_\_/20\_\_

Database amended by \_\_\_\_\_ Date \_\_/\_\_/20\_\_

HE Register amended by \_\_\_\_\_ Date \_\_/\_\_/20\_\_

Comments:

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Instructions for completing this form

Section A

1-4 Provide administrative information on the institution, as contained in the registration certification

Section B

- Type of Information – write Registration if the change requested deals with the registration of the institution and Recognition if it deals with recognition.
- Question No. – write the number of the question for which the data is to be amended. The question number could be obtained from the relevant form.
- Current Details – write the data which is to be amended, as it appears in the database before the amendment.
- New Details – write the proposed amended data, as it should appear after the amendment.
- Comments

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 Higher Education Institution
8	Local Higher Education Institution

*Section A*

Table 1 Administrative Information

1. Name of institution	
2. Registration Number	
3. Location	
4. Postal Address	

*Section B*

Table 2 Information to be amended

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

Type of Information	Question No.	Current Details	New Details	Comments (if any)

[Use extra sheets if necessary and attach]

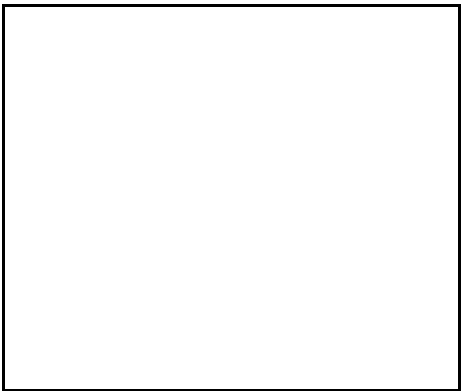
FIJI HIGHER EDUCATION COMMISSION  
DECLARATION

I, \_\_\_\_\_,  
[full name of authorized officer]  
the \_\_\_\_\_,  
[designation of the authorized office]  
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