VANUATU INSTITUTE OF TECHNOLOGY

PMB 9015, Port Vila, Vanuatu

Telephone: +678 22294/95 Facsimile: +678 24825, Email: mww.uurane@gmail.com

Learner Graduation Application Form										
Part A: Learner Details (To be completed by the applicant)										
Surname		(10.000	٠	First Name						
Other Names				Date of Bir	th			National ID #		
Postal Address										
Email				Phone Number						
Program Name										
Semester	Year									
Learner Declaration: By signing this form you are declaring that to the best of your knowledge you have fulfilled all										
Course completion requirements and have no outstanding Course Fees at VIT										
I will be attending the VIT Graduation			com	ony on 25/11/2022			☐ YES			
i wiii be a	tterium t	tending the vir Graduation cere			1110119 011 23/11/2022			□ NO		
Learner Signature				Pate						
Applicant to submit this form to the VIT Administration Office before the 25th of October 2022										
Part B: Course Administration Check										
(To be completed by the Training Manager)										
Has the learner fulfilled all course compl				·				□ YES		
If no, Training Manager to advise learner of further requirements								□ NO		
Has learner record in the VQA PSET MIS been checked and finalized						4 5	☐ YES			
That realises record in the VQXT 3ET Will be			en enceked and imanzed:					□NO		
Training Manager's Signature	Name &						D	ate		
Training Manager to submit this form to the Accounts Office when all requirements are met.										
Part C: For Office Use Only										
(To be completed by the Accounts and Administration Office)										
Course fees have been paid in full				Yes	□ No	0	D	ate:		
Verifying Officer Name and Signature:										
Has the learner been cleared and registered for										
graduation?				Yes	□ N		D	ate:		
Deputy Principal Academic Services Jack Takalo Graham				Acting Principal Wade Evans						
Signature:	Date:			Signature:				Date:		