Fulton Adventist University College
"Others" | EST 1905

GRADUATION INFORMATION VERIFICATION FORM - 2026

For Students Graduating at the End of This Academic Year

Important Notice:
All information provided on this form **must exactly match** the details reflected on your **birth certificate or other legally recognized national identification documents** that you registered with. Incorrect or inconsistent information may result in delays or errors in graduation documentation.

SECTION A: PERSONAL INFORMATION

1. **Full Legal Name (as per Birth Certificate) :**
   (Write clearly and in full)

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2. **Date of Birth (DD / MM / YYYY):** _____
3. **Birth Registration Number:** _____ **Student ID NO:** _____

SECTION B: ACADEMIC INFORMATION

4. **Name of Programme Being Completed:** _____
   (e.g., Bachelor of Education (Primary), ...)
5. **Faculty / Department (if applicable):** _____

SECTION C: VERIFICATION & DECLARATION

6. **Have you verified that all details provided above match your official legal documents?**
   ☐ Yes
   ☐ No

DECLARATION

*I hereby declare that the information provided on this form is **true, complete, and accurate**, and that all names and details match those on my **birth certificate or other legally recognized national identification documents** registered with the **Ministry of Education or with the Vanuatu SDA Mission (church workers).** I understand that providing incorrect information may affect the processing of my graduation and official records.*

Student Signature: _____
Date: _____