

APPLICATION FORM

photograph
50mm x 3.5mm
blue background

PART 1: PROGRAMME SELECTION

Kindly select the preferred academic semester:

- ☐ January 2017 ☐ May 2017 ☐ September 2017
☐ January 2018 ☐ May 2018 ☐ September 2018

PROGRAMME NAME :

PART 2: PERSONAL DATA

FULL NAME :	<input type="text"/>		
SURNAME :	<input type="text"/>	FIRST/MIDDLE NAME :	<input type="text"/>
DATE OF BIRTH :	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	PASSPORT NO. :	<input type="text"/>
NATIONALITY :	<input type="text"/>	RELIGION :	<input type="text"/>
GENDER :	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS :	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
MAILING ADDRESS :	<input type="text"/>		
	<input type="text"/>		
POSTCODE :	<input type="text"/>	CITY :	<input type="text"/>
STATE :	<input type="text"/>	COUNTRY :	<input type="text"/>
PHONE NUMBER :	<input type="text"/>	MOBILE NUMBER :	<input type="text"/>
EMAIL ADDRESS :	<input type="text"/>		@ <input type="text"/>

PART 3: PARENT'S / GUARDIAN'S DATA

RELATIONSHIP WITH APPLICANT :	<input type="text"/>		
FULL NAME :	<input type="text"/>		
SURNAME :	<input type="text"/>	FIRST/MIDDLE NAME :	<input type="text"/>
DATE OF BIRTH :	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	PASSPORT NO. :	<input type="text"/>
MAILING ADDRESS :	<input type="text"/>		
	<input type="text"/>		
POSTCODE :	<input type="text"/>	CITY :	<input type="text"/>
STATE :	<input type="text"/>	COUNTRY :	<input type="text"/>
PHONE NUMBER :	<input type="text"/>	MOBILE NUMBER :	<input type="text"/>
EMAIL ADDRESS :	<input type="text"/>		@ <input type="text"/>

PART 4: EDUCATIONAL BACKGROUND

HIGHEST QUALIFICATION COMPLETED	:							
AWARDING SCHOOL/INSTITUTION	:							
CITY/STATE	:		COUNTRY	:				
YEAR COMPLETED QUALIFICATION	:		OVERALL GRADE/ AGGREGATE/CGPA	:				
CURRENT INSTITUTION/UNIVERSITY	:							
CITY/STATE	:		COUNTRY	:				
NAME OF PROGRAMME ENROLLED	:							
DURATION OF PROGRAMME	:		years	CURRENT YEAR : Year		CURRENT CGPA/AGGREGATE:	:	

English Proficiency (if any):

Qualification: ☐ IELTS ☐ TOEFL ☐ Others: _____ Band score: _____

Kindly enclose the following documents along with the filled Application Form:

- ☐ A certified copy of your high school completion certificate/transcripts
- ☐ A copy of your passport-sized photograph
- ☐ A copy of your English proficiency Test (IELTS/TOEFL)
- ☐ A copy of your passport or birth certificate

PART 5: DECLARATION BY APPLICANT

1. I hereby understand and agree that it shall be my responsibility to know and abide with all relevant and applicable rules and regulations of UCSI University.
2. I hereby declare that all information herein provided is complete, accurate, true to the best of my knowledge.
3. I hereby agree that UCSI reserves the right to verify the right to vary or reverse any decision in respect to my registration in the event that the said information is found to be untrue, incorrect or incomplete. I also agree that in the event that UCSI shall forfeit that said fees, I shall not have any claim whatsoever against UCSI.
4. I hereby agree that UCSI reserves the right to alter, amend, change or modify the current fees and all fees payable.

Signature of Applicant

Signature of Guardian/Parent (required if
applicant is below the age of 18 years at the
point of application)



No.1 Jalan Menara Gading, UCSI Heights, 56000 Kuala Lumpur, Malaysia

Tel: +6 03 9101 8882 Fax: +6 03 9102 2614

Email: ao@ucsiuniversity.edu.my

Website: ucsiuniversity.edu.my

UCSI Education Sdn. Bhd. (185479-U)