PROGRAMME APPLICATION FORM

ASIA METROPOLITAN UNIVERSITY | ASIA METROPOLITAN COLLEGE KUCHING | ASIA METROPOLITAN COLLEGE KOTA KINABALU | ASIA METROPOLITAN COLLEGE KOTA BHARL

	PART 1: Academic Programme								
	Institution:								
	Asia Metropolitan University	Asia Metropolitan College Kota Kinabalu							
Please attach	Asia Metropolitan College Kuching	Asia Metropolitan College Kota Bharu							
your recent photograph here	Programme:								
	Foundation	Degree							
	Diploma	Postgraduate Programme							
	Intake month year	Study Mode Part Time / Full Time							
	Acommodation Yes	No							
PART 2: Personal Particulars									
Name (as in MyKad / Passport)		Date of Birth day month year							
MyKad / Passport No		Nationality							
Home Address									
	Postcode Town,	City Country							
Gender	Religion Race								
Home Telephone No		Mobile Telephone No							
·									
Email Address		Email Address							
PART 3: Details of Family Members									
PART 3: Details of Family Me	embers								
	embers rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport)	Relationship Age Occupation							
	rents/Guardian & Siblings/Other Dependants	Relationship Age Occupation							
No Name of Par	rents/Guardian & Siblings/Other Dependants	Relationship Age Occupation							
No Name of Par	rents/Guardian & Siblings/Other Dependants	Relationship Age Occupation							
No Name of Par	rents/Guardian & Siblings/Other Dependants	Relationship Age Occupation							
No Name of Par	rents/Guardian & Siblings/Other Dependants								
No Name of Par	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport)								
No Name of Par 01 02 Home Address	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport)	City Country							
No Name of Par 01 02 Home Address Home Telephone No	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport)	City Country							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport) Postcode Town.	City Country Mobile Telephone No -							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport) Postcode Town. - UEC / O Levels / Year 11 equivalent	City Country Mobile Telephone No -							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School	Postcode Town. - Use of the period of the p	City Country Mobile Telephone No - Telephone No							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School Address	Postcode Town. - Use of the period of the p	City Country Mobile Telephone No - Telephone No UEC							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School Address	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport) Postcode	City							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School Address Highest Academic Qualification	rents/Guardian & Siblings/Other Dependants (as in MyKad / Passport) Postcode	City							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School Address Highest Academic Qualification Subjects and Results No 01	Postcode Town. Postcode Town. In a specific process of the specific process	City							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School Address Highest Academic Qualification Subjects and Results No 01 02 03	Postcode Town. Postcode Town. Postcode SPM / UEC / O Levels / Year 11 equivalent On SPM O-Leve Others (Please specify) Subject Grade	City Country Mobile Telephone No - Telephone No UECYear of Examination Overall Grade/Aggregate No Subject Grade 06 07							
No Name of Par 01 02 Home Address Home Telephone No PART 4a: Education Backgro Name of School Address Highest Academic Qualification Subjects and Results No 01 02 03	Postcode Town. Postcode Town. In a specific process of the specific process	City							

PART 4b: Education Background - STF	PM / A Levels / Year 12 equivale	ent			
Name of School			Telephone No		
Address					
Highest Academic Qualification	STPM A-Level Others (Please specify)	SAM Year of Examir	CPU	Matriculation Diploma Overall Grade/Aggregate	IB
Subjects and Results					
No Subject		Grade No		Subject	Grade
01		06 _			
02		07 _			
03		08 _			
04		09 _ 10			
PART 4c: English Competency					
Name of School				Telephone No	
Address					
Highest Academic Qualification	STPM A-Level	SAM	CPU	Matriculation Diploma	IB
	Others (Please specify)	Year of Examir	nation	Overall Grade/Aggregate	
DECLARATION BY APPLICANT 1. I hereby declare that all informatic					
documents where necessary and 1 agree that the institution and its Personal Data Protection Act 2010 and checking references, financia relevant laws. 1 have read the information, terms entry criteria without prior notifica The Institution reserves the right to I will not hold the Institution liable Jagree that all Fees paid are non shall receive NO compensation or	required. employees or agents reserve the operation of the provided herein to carry out its all standing, immigration status or seconditions and entry requirementation. The final decision is at the secondition of the properties of the second of the province of the provi	e right to use all pers responsibilities in pro any action similar or ents for my programs sole discretion of the and to be false, misle arise due to any inacca ABLE and in the even	sonal informatic ocessing my ap relevant in natu me of choice, a Institution. ading or untrue curate informati it of a terminati	ion provided by me. ion due to errors or inaccurate informatio	ata as defined in the erifying qualifications ment authorities and e right to change the
Name of Applicant MyKad / Passport no.			_		
Date			- -	Signature of Applicant	<u> </u>
PARENT / GUARDIAN's APPROVAL- Adocument the parent / guardian agrees Name of Parent / Guardian			al of their parer	nt / guardian for the purpose of application	on. By signing this
MyKad / Passport no.			_		
Date			 -	Signature of Parent / Guar	rdian
		_	_		
FOR OFFICE USE ONLY					
	Interviewed By				
Payment Made:					
Receipt No:					
Verified & Checked By					
Name	Name				
Date	Date				