

PROGRAMME APPLICATION FORM

PART 1: Academic Programme

Please attach your recent photograph here

Institution:

- Asia Metropolitan University Asia Metropolitan College Kota Kinabalu
 Asia Metropolitan College Kuching Asia Metropolitan College Kota Bharu

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 _____

PART 3: Details of Family Members

No	Name of Parents/Guardian & Siblings/Other Dependants (as in MyKad / Passport)	Relationship	Age	Occupation
01	_____	_____	_____	_____
02	_____	_____	_____	_____

Home Address _____

 Postcode Town/City Country

Home Telephone No - Mobile Telephone No -

PART 4a: Education Background - SPM / UEC / O Levels / Year 11 equivalent

Name of School _____ Telephone No _____

Address _____

Highest Academic Qualification SPM O-Level UEC

Others (Please specify) _____ Year of Examination _____ Overall Grade/Aggregate _____

Subjects and Results

No	Subject	Grade	No	Subject	Grade
01	_____	_____	06	_____	_____
02	_____	_____	07	_____	_____
03	_____	_____	08	_____	_____
04	_____	_____	09	_____	_____
05	_____	_____	10	_____	_____

PART 4b: Education Background - STPM / A Levels / Year 12 equivalent

Name of School _____ Telephone No _____

Address _____

Highest Academic Qualification STPM A-Level SAM CPU Matriculation Diploma IB

Others (Please specify) _____ Year of Examination _____ Overall Grade/Aggregate _____

Subjects and Results

No	Subject	Grade	No	Subject	Grade
01	_____	_____	06	_____	_____
02	_____	_____	07	_____	_____
03	_____	_____	08	_____	_____
04	_____	_____	09	_____	_____
05	_____	_____	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 Examination _____ Overall Grade/Aggregate _____

DECLARATION BY APPLICANT

- I hereby declare that all information and all copies of the supporting documents provided herein is complete, accurate and true.
- I understand that it is my responsibility to provide all necessary documents to support the application and I authorise the Institution to obtain further relevant documents where necessary and required.
- I agree that the institution and its employees or agents reserve the right to use all personal information (Including use of sensitive personal data as defined in the Personal Data Protection Act 2010) provided herein to carry out its responsibilities in processing my application including for the purposes of verifying qualifications and checking references, financial standing, immigration status or any action similar or relevant in nature as obligated by the Malaysian government authorities and relevant laws.
- I have read the information, terms, conditions and entry requirements for my programme of choice, and agree that the Institution reserves the right to change the entry criteria without prior notification. The final decision is at the sole discretion of the Institution.
- The Institution reserves the right to reject this application if it is found to be false, misleading or untrue.
- I will not hold the Institution liable for any complications that may arise due to any inaccurate information provided by me.
- I agree that all Fees paid are non - REFUNDABLE or TRANSFERABLE and in the event of a termination due to errors or inaccurate information provided by me, I shall receive NO compensation or refund. The institution also has the right to claim any outstanding amount due or for costs incurred.

Name of Applicant _____

MyKad / Passport no. _____

Date _____

Signature of Applicant _____

PARENT / GUARDIAN's APPROVAL- Applicants below the age of 18 will require the approval of their parent / guardian for the purpose of application. By signing this document the parent / guardian agrees to abide by the above declaration and terms.

Name of Parent / Guardian _____

MyKad / Passport no. _____

Date _____

Signature of Parent / Guardian _____

FOR OFFICE USE ONLY

Interviewed By

Payment Made: _____

Receipt No: _____

Verified & Checked By

Name _____

Date _____

Name _____

Date _____

CYBERJAYA CAMPUS

ASIA METROPOLITAN COLLEGE KUCHING
DK254-03(Q)

CHERAS CAMPUS
(KPT/JPT/FT/US/J 37)

ASIA METROPOLITAN COLLEGE KOTA KINABALU
DK254-02(S)

JOHOR BAHRU CAMPUS
(KPT/JPT/FT/US/J 3)

ASIA METROPOLITAN COLLEGE KOTA BHARU
D4P1008

HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE
	YES	NO	
Tuberculosis			IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Other illness			

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

.....
Date (dd/mm/yyyy)

.....
Name of applicant as indicated in the passport

.....
Applicant's signature

.....
Applicant's passport number

Kindly ensure all information requested in this form is complete and updated in English Language.