

INTERNATIONAL STUDENTS APPLICATION FOR ADMISSION

PROGRAMME NAME :
SESSION : (MONTH) _____ (YEAR) _____

PERSONAL INFORMATION				PASSPORT SIZE PHOTO
FIRST NAME :		LAST NAME :		
DATE OF BIRTH :		RELIGION :		
COUNTRY OF CITIZENSHIP :		COUNTRY OF RESIDENCE :		
GENDER :		MARITAL STATUS :		
PASSPORT DETAILS				
PLACE OF BIRTH :		PASSPORT NO :		
DATE OF ISSUE :		DATE OF EXPIRY :		
ISSUING AUTHORITY :		ID NO :		
CURRENT MAILING ADDRESS				
STREET :				
CITY :		STATE :		ZIP/POSTAL CODE :
COUNTRY :			EMAIL :	
TELEPHONE (HOME) :		MOBILE PHONE :		FAX NO:
PERMANENT ADDRESS (IF DIFFERENT FROM CURRENT MAILING ADDRESS)				
STREET :				
CITY :		STATE :		ZIP/POSTAL CODE :
COUNTRY :			TELEPHONE (HOME) :	
EMERGENCY NOTIFICATION INFORMATION				
FIRST NAME :			LAST NAME:	
COUNTRY :			EMAIL :	
TELEPHONE (HOME) :		MOBILE PHONE :		RELATIONSHIP:
ACADEMIC QUALIFICATION INFORMATION				
QUALIFICATION :				
HIGH SCHOOL / UNIVERSITY :				
YEAR AWARDED :				

STUDENT PASS DETAILS**HAVE YOU PREVIOUSLY APPLIED TO ANY EDUCATIONAL INSTITUTIONS IN MALAYSIA?**

☐ YES ☐ NO IF YES, WHICH INSTITUTION? _____

HAVE YOU PREVIOUSLY HELD OR OBTAINED A STUDENT PASS APPROVAL FROM ANY EDUCATIONAL INSTITUTION IN MALAYSIA?

☐ YES ☐ NO IF YES, WHICH INSTITUTION? _____

ARE YOU CURRENTLY STUDYING IN MALAYSIA?

☐ YES ☐ NO

IF YES, PLEASE STATE YOUR PASS TYPE ☐ STUDENT ☐ DEPENDENT ☐ OTHERS _____

WHEN DOES THIS STUDENT PASS EXPIRE? ____ / ____ / ____

PLEASE STATE THE CITY AND COUNTRY WHERE YOU WILL OBTAIN YOUR SINGLE-ENTRY VISA

CITY : _____ COUNTRY : _____

NOTE: APPLICATION FOR A SINGLE-ENTRY VISA SHOULD BE MADE AT THE MALAYSIAN DIPLOMATIC MISSION IN YOUR HOME COUNTRY. IF THERE IS NO MALAYSIAN DIPLOMATIC MISSION IN YOUR COUNTRY, YOU MAY APPLY AT ONE CLOSEST TO YOU.

EMPLOYMENT HISTORY

NAME OF COMPANY / DEPARTMENT	POSITION HELD	TIME SERVED	
		FROM	TO

IMPORTANT NOTE:

PLEASE PROVIDE ALL THE INFORMATION REQUESTED AND ENSURE THAT ALL THE TESTIMONIALS, CERTIFICATES AND OTHERS SUPPORTING DOCUMENTS ARE SUBMITTED WITH THIS FORM:

- ❖ 4 PASSPORT SIZE PHOTOS
- ❖ A COPY OF PASSPORT (ALL PAGES)
- ❖ A MEDICAL CHECK-UP REPORT FROM YOUR HOME COUNTRY
- ❖ CERTIFIED ACADEMIC AND TRAINING CERTIFICATES

PLEASE FILL UP EVERY COLUMN. PLEASE TAKE NOTE THAT INCOMPLETE APPLICATION FORM WILL NOT BE PROCESSED.

SELF DECLARATION

I CERTIFY THAT THE INFORMATION THAT I HAVE GIVEN IN THIS APPLICATION FORM IS CORRECT. I AGREE TO THE CONDITION THAT UTMSPACE HAS THE RIGHT TO REJECT THIS APPLICATION, TO WITHDRAW THE OFFER OF ADMISION OR TO TERMINATE MY STUDY IF ANY INFORMATION GIVEN IS FOUND TO BE INCCORRECT. I ALSO OBSERVE AND ENSURE PAYMENT OF ALL FEES AND OTHER LIABILITIES.

NAME:

DATE